

Name
in
Full

George Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death 1905 March

18

Age

68

-

-

Sex

Male

Color or
Race

Col.

Birth-
place

Va.

Occupation

Laborer

Where Residing if not
at place of death

Poplar Bluffs, Mo.

Married, Single
or WidowedName of Wife or
Husband

-

Father's
Name

-

Father's
Birthplace

-

Mother's
Maiden Name

-

Mother's
Birthplace

-

Name of person giving
Information

Elmer Stansbury

How related
to deceased

Employer

CAUSES OF DEATH

Primary

Mitral regurgitation

79 ✓

How long

6 months

Immediate

Mitral Insufficiency

How long

2 hours

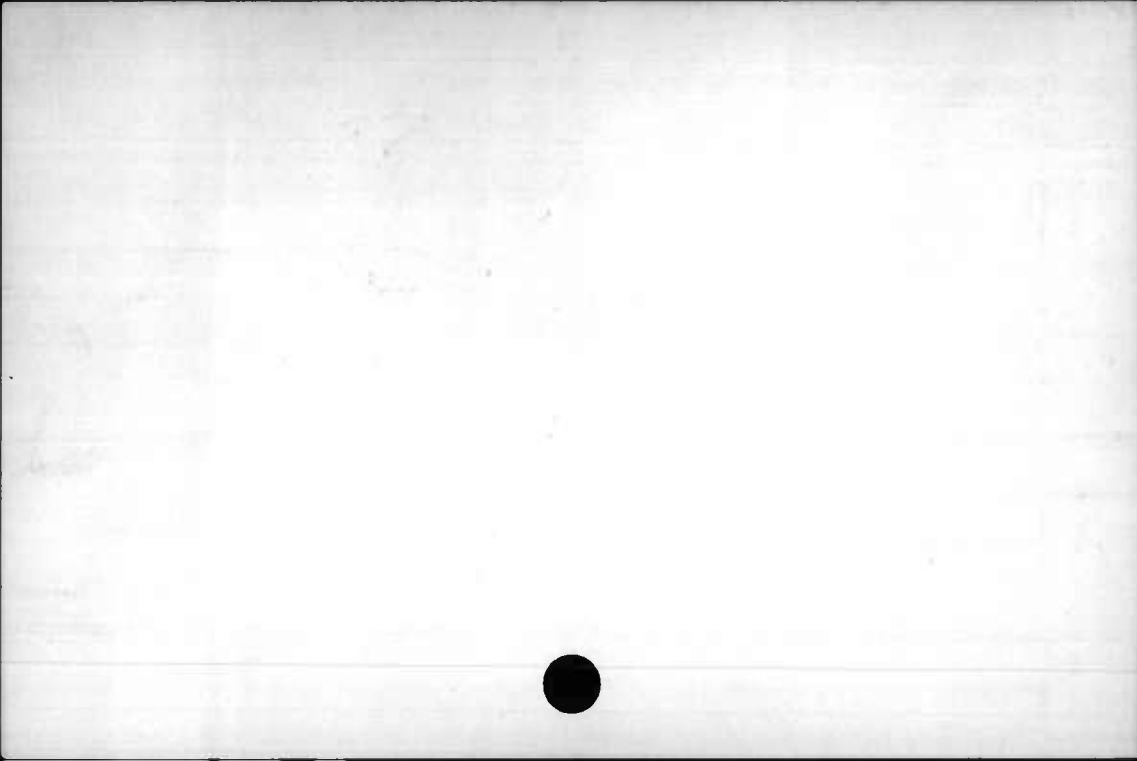
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

H. K. Petterson M.D.

Address

Sparrow St.
Mo.

Accident or Suicide?



Name
in
Full

Hilda Adams.

CERTIFICATE OF DEATH

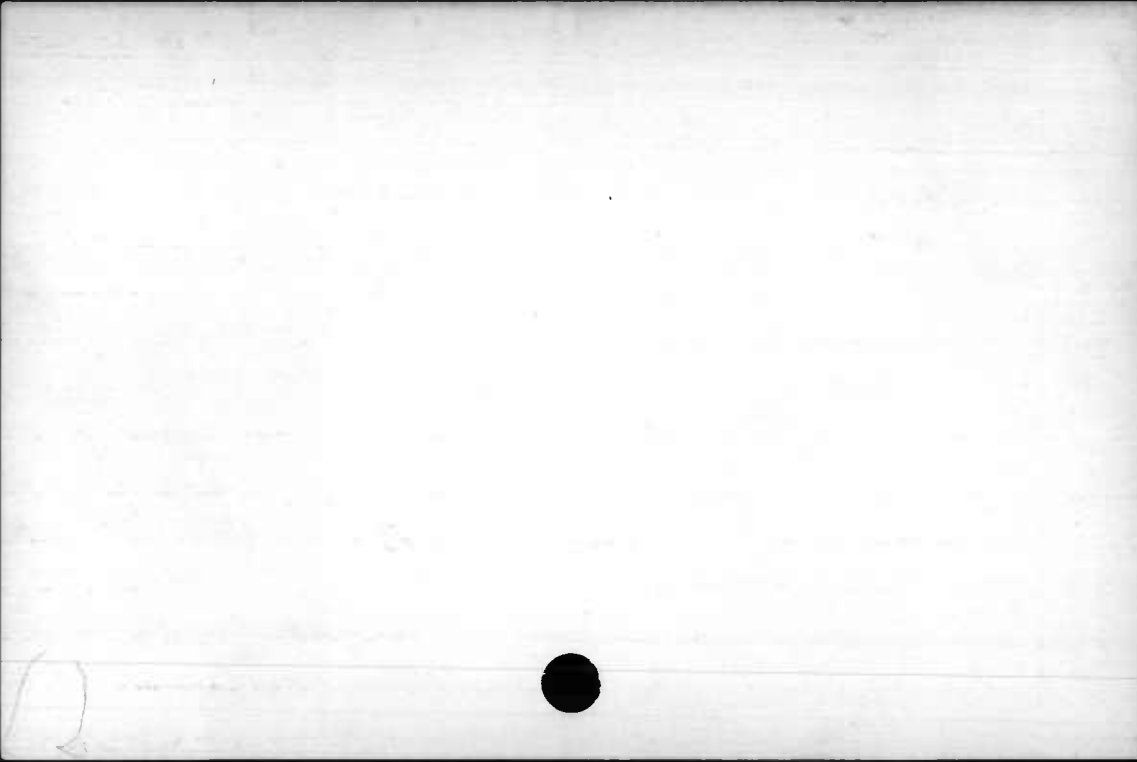
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Catonsville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1905	Month	March	Day	31
Age	16	Years		Months	
Sex	female	Color or Race	Colored	Birth-place	Balto Co
Occupation	Domestic		Where Residing if not at place of death Catonsville		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Edward Adams.			Father's Birthplace	Maryland
Mother's Maiden Name	Laura Jones			Mother's Birthplace	Maryland
Name of person giving information	Chas Matthews.			How related to deceased	Brother in Law

CAUSES OF DEATH

Primary . .	Miscarriage. Pneumonia	How long	6 days
Immediate .	Peritonitis	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	Marshall B West-
		Address	Catonsville Md
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Sinclair Adams

CERTIFICATE OF DEATH

Died at *Poplar Heights* Town *Balto.* County

MARYLAND

Date of death 190 *Mar* Month *16* Day Age *4* Years Months DaysSex *Male* Color or Race *Blk* Birth-place *Poplar Heights*Occupation *—* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Jim Adams*Father's Birthplace *New Jersey*Mother's Maiden Name *Susie Price*Mother's Birthplace *Back River*Name of person giving information *Jim Adams*How related to deceased *Father*

CAUSES OF DEATH

Primary *Pneumonia* *Q2*How long *3 days*Immediate *Exhaustion*How long *1*Are the name, age, sex, color, date and place correctly given above? *Yes*

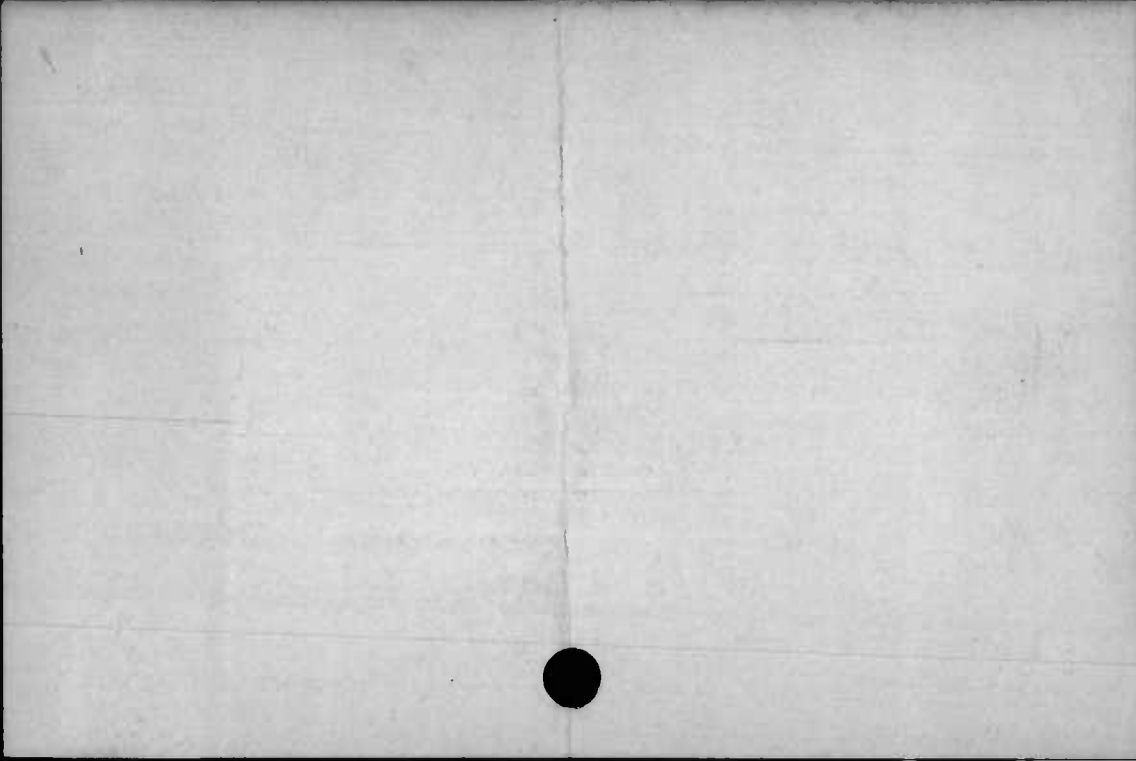
Signature of Physician

Address

J. M. Williams M.D.
710 S. Pat. Pk. An.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Stephen Akshurst

Town

County

Died at

MARYLAND

Date 1905- Mar 14 Y. M. D. Age 5-8 Native of Maryland Occupation Moulder
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 6

~~Husband~~ of Sarah Francis Foreland
 Wife
 Father's Name David Akshurst Mother's Maiden Name Mary Ann Brice

Cause of Death { Primary Embolicism 65 ✓ How long sick 9 days
 { Immediate Paralysis Acute Softening of brain Accident, Suicide, Homicide

Reported by

Dr B. B. Benson

Address

LeachvilleRealdo. Mo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Thos. Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Sparrows Point ^{County} Md.Date of death 1905 ^{Month} Mar. ^{Day} 17 ^{Years} Age 23 ^{Months} ^{Days}Sex Male ^{Color or Race} Negro ^{Birth-place}Occupation Laborer ^{Where Residing if not at place of death}Married, Single or Widowed ^{Name of Wife or Husband}Father's Name ^{Father's Birthplace}Mother's Maiden Name ^{Mother's Birthplace}Name of person giving Information Jos Blair ^{How related to deceased}

CAUSES OF DEATH

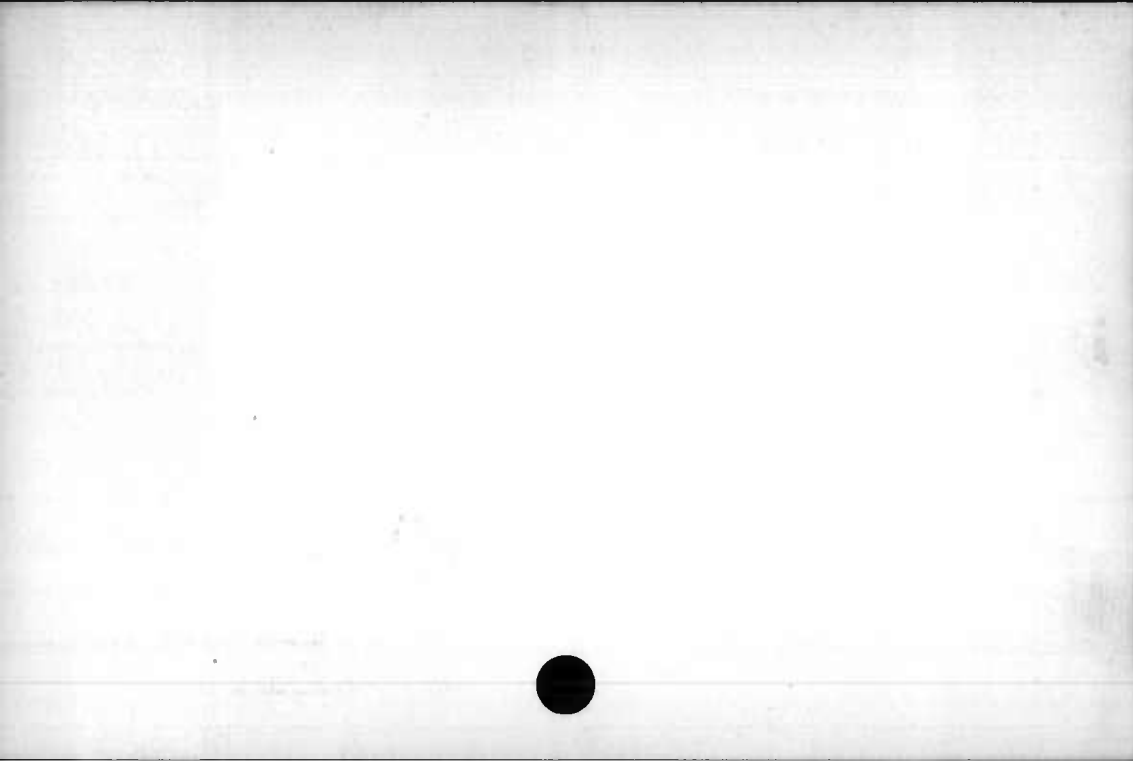
Primary ^{How long}Immediate Accident ^{How long}

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide Accident



Name
in
Full

Mary C Asher

CERTIFICATE OF DEATH

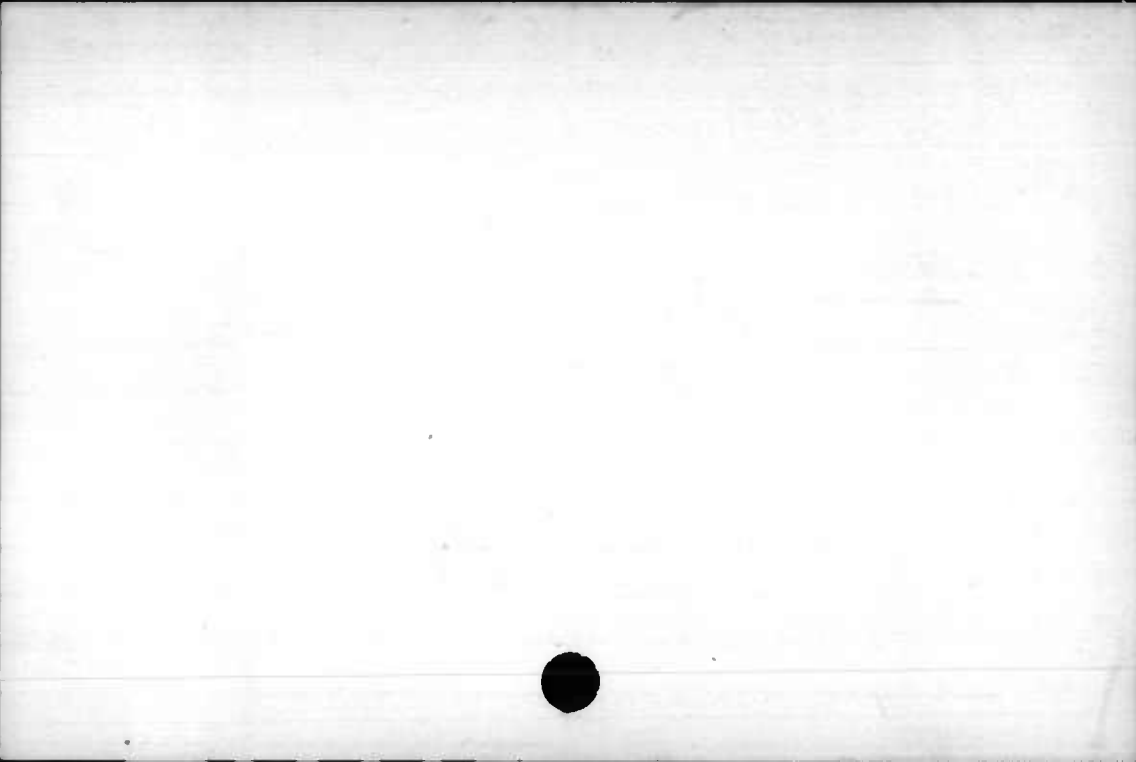
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burgess</i> Town		<i>Balto</i> County		MARYLAND	
Date of death 190 <i>5</i>	<i>March</i> Month	<i>2</i> Day	Age <i>39</i> Years	<i>6</i> Months	<i>15</i> Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>md</i>			
Married, Single or Widowed <i>widow</i>		Occupation <i>HW</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Francis T. McKinley</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Mary A. Loner</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Flora Burroughs</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Submucous</i>	How long <i>8 months</i>
Immediate <i>asthma</i>	How long <i>6 wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Harrison MD</i>
	Address <i>Middle River Md</i>
Accident or Suicide? <i>no</i>	



Full

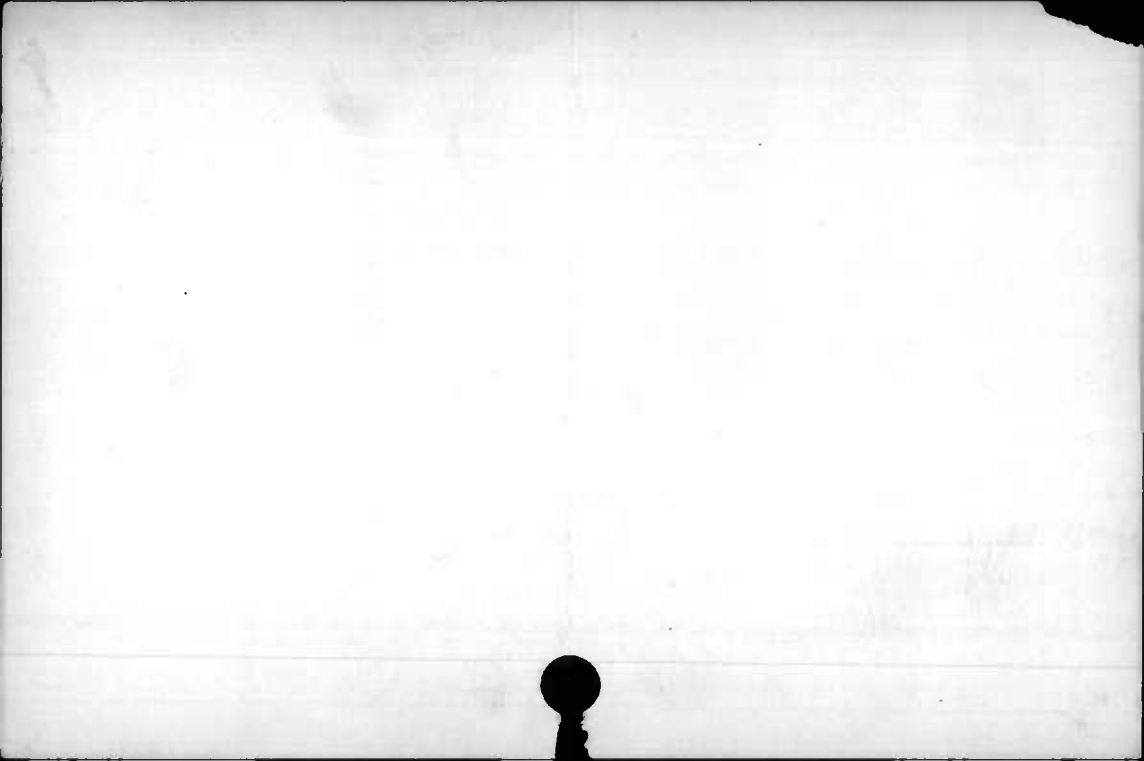
163.
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baldwin</i>		Town <i>Baldwin</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>3</i>	Day <i>1</i>	Age <i>86</i>	Years	Months <i>10</i>	Days <i>27</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Md.</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Baldwin Md.</i>						
Married, Single <i>Widowed</i>	Name of Wife or Husband <i>Rachel Baldwin (deceased)</i>						
Father's Name <i>Silas Baldwin</i>	Father's Birthplace <i>unknown</i>						
Mother's Maiden Name <i>Charlotte Baldwin</i>	Mother's Birthplace <i>unknown</i>						
Name of person giving Information <i>Harry M Baldwin</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

Primary <i>La Grippe</i>	How long <i>14 days</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. H. Emory, D.D.</i>
	Address <i>Hess, Ind.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 1905	Month 3	Day 7	Age 59	Months "	Days "
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Carpenter</i>			
Name of Wife or Husband _____					
Father's Name _____			Father's Birthplace _____		
Mother's Maiden Name _____			Mother's Birthplace _____		
Name of person giving information <i>H. H. Mathews</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>several months</i>
Immediate <i>Exhaustion</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. P. E. M. M.</i>
	Address <i>Pikesville Md.</i>
Accident or Suicide?	

J. H. Knap.

London Rec Cemetery.

No name

Town *Granville* County *Ind* MARYLAND

Died at *Granville* Month *May* Day *13* Age *5 minutes* Native of *—* Occupation *—*

Date 19 *05* *May* *13* Male *White* Married *—* Widowed *—* Divorced *—*

Female Colored Single Widower Number of children living *—*

Husband of *—*

Wife *—*

Father's Name *Daniel Bennett* Mother's Name *Ida Marshal*

Cause of Death { Primary *Premature* Immediate *Delivery* } How long sick *15* Accident, Suicide, Homicide *—*

Reported by *H. J. Stupley* *Ind*

Address *Granville Ind*

Must be signed by physician, if any in attendance, otherwise by *—* undertaker or minister.



Name
in
Full

Not named -

CERTIFICATE OF DEATH

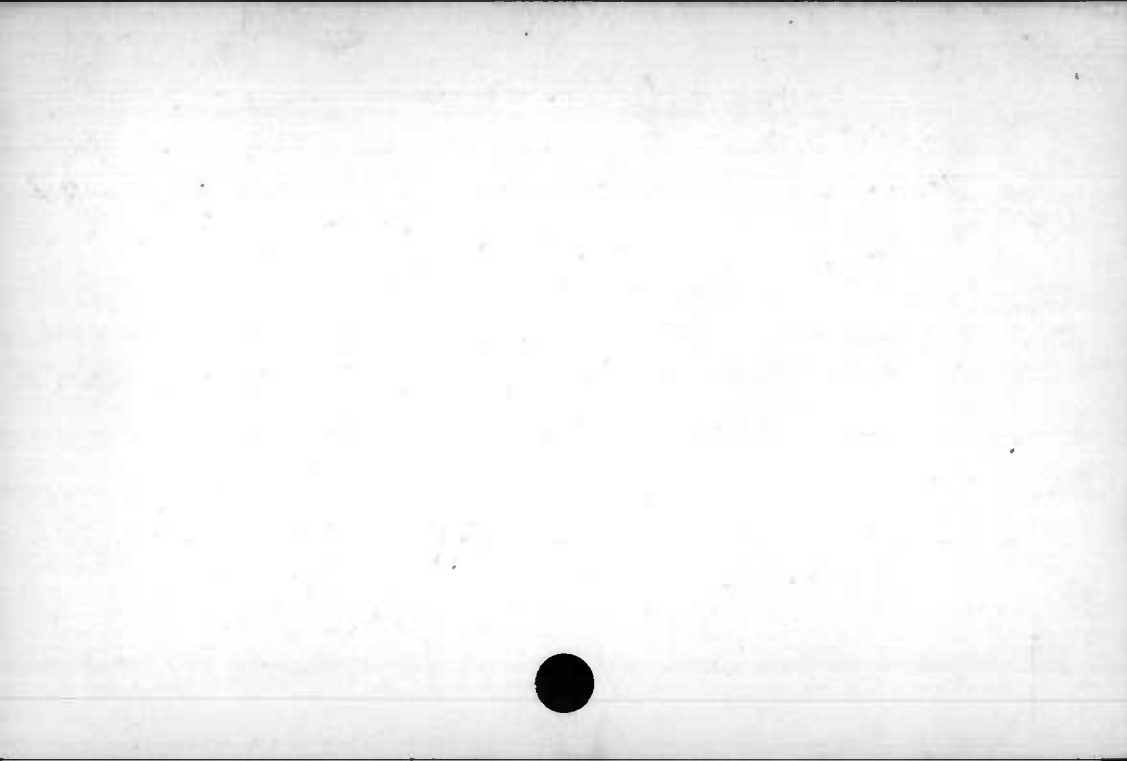
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pikesville</i>		County <i>Baer</i>		MARYLAND	
Date of death	1905	Month	3	Day	4	Age	Years
						Months	Days
							4
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Baer Co. Md</i>
Occupation	<i>none</i>			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>Harry E. Blair</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name			<i>Bessie</i>			Mother's Birthplace	<i>Md</i>
Name of person giving information			<i>Harry E. Blair</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	<i>7 1/2</i>
Are the name, age, sex, color, date and place correctly given above?	How long
	<i>two hours</i>
Signature of Physician	<i>Wm. Haylor</i>
Address	<i>Pikesville</i>
	<i>Md</i>
Accident or Suicide?	



Name
in
Full

John F. P. Blake

CERTIFICATE OF DEATH

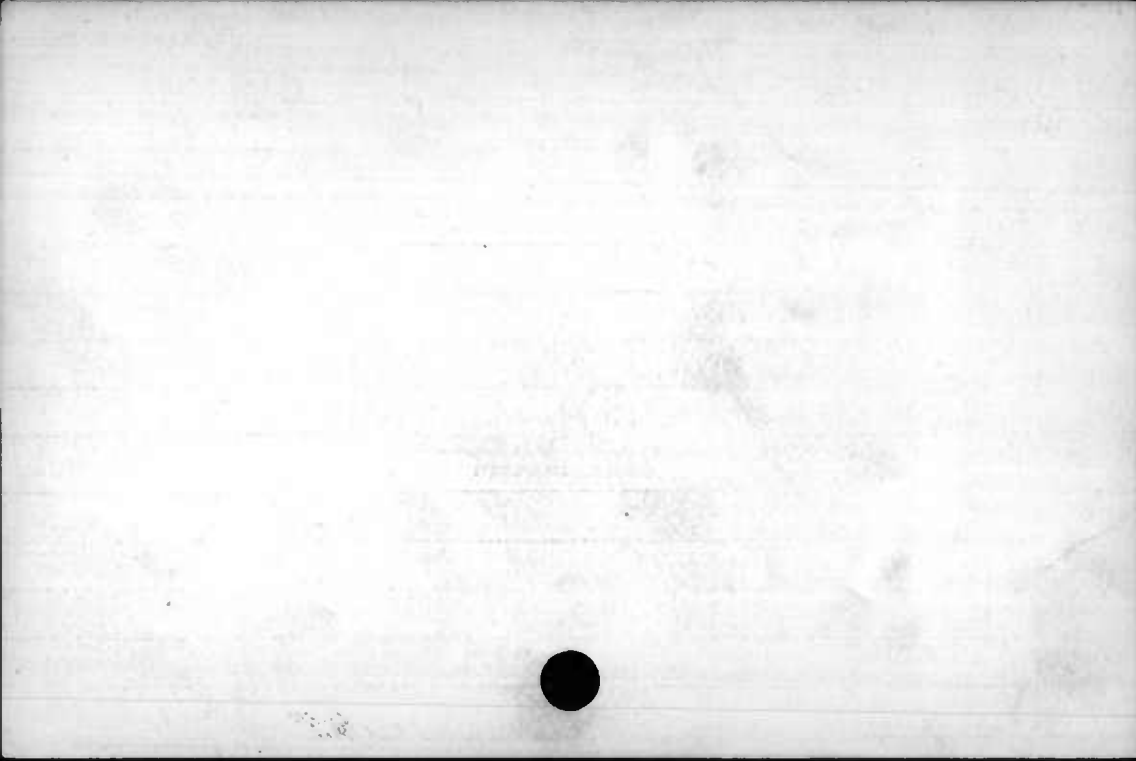
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt Wiggins Md</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1905</u> ^{Year}	<u>March</u> ^{Month}	<u>4</u> ^{Day}	Age	<u>7</u> ^{Months} <u>10</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>Col.</u>	Birth-place	<u>Mt Wiggins Md</u>
Occupation	<u>Child</u>		Where Residing If not at place of death <u>at place of birth</u>		
Married, Single or Widowed	<u>Child</u>	Name of Wife or Husband	<u>George Blake</u>		
Father's Name	<u>George Blake</u>			Father's Birthplace	<u>Cornuco. Md</u>
Mother's Maiden Name	<u>Annice Lewis</u>			Mother's Birthplace	<u>Washington D.C.</u>
Name of person giving information	<u>George Blake</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>1 week</u>
Immediate	<u>Pneumonia</u>	How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>L G Frozier</u>
		Address	<u>1655- Fulton Ave. City</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Mary A. Bond.

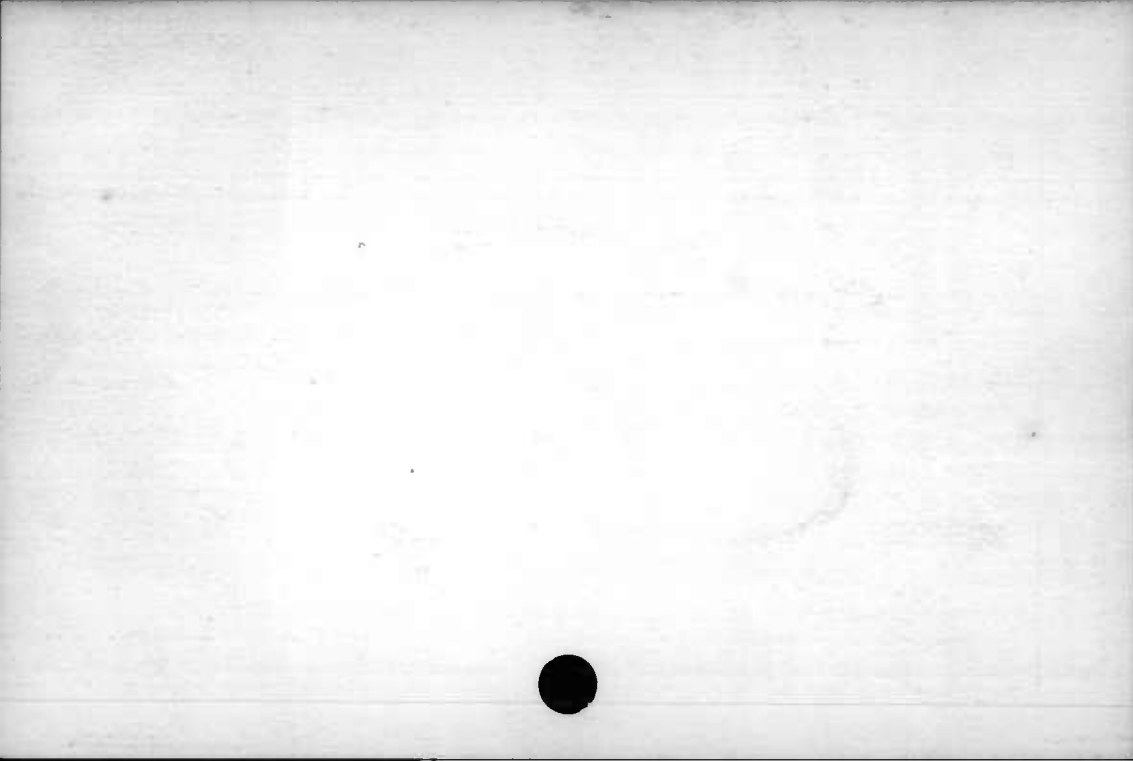
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carney</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1905	Month	March	Day	Thursday	Age	33
Sex	female	Color or Race	white	Months	5	Years	10
Occupation		Birth-place	Baltimore	Where Residing if not at place of death <i>at Uncle's</i>			
Married, Single or Widowed	married	Name of Wife or Husband	<i>J. W. Bond.</i>				
Father's Name	<i>J. F. Forsythe</i>					Father's Birthplace	<i>Baltimore</i>
Mother's Maiden Name	<i>Amelia Patterson</i>					Mother's Birthplace	<i>Philadelphia</i>
Name of person giving information	<i>Mrs. Parks</i>					How related to deceased	<i>Aunt</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tubercular Osteitis</i>	(33)	How long	<i>2 yrs</i>
Immediate	<i>Tubercular Osteitis</i>	✓	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Glenn A. Long M.D.</i>	
			Address <i>Hamilton</i>	
Accident or Suicide?			<i>no</i>	



Name
in
Full

Henry C. Boss.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Craneyville		County Baltimore		MARYLAND	
Date of death		1905	Month Mar	Day 24	Age 50	Months 11	Days 29
Sex		Male		Color or Race White		Birth-place Baltimore	
Occupation Huckster				Where Residing if not at place of death Phila. Road			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name Napoleon Boss				Father's Birthplace Md			
Mother's Maiden Name Henrietta Buzzy				Mother's Birthplace Md			
Name of person giving information Jacob Boss				How related to deceased Friend			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	18 mos
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Fred L. Pfeffer	
Address		2218 First St Balto Md	
Accident or Suicide?			

Green Mount Lem.

H. Sander & Sons

Name in Full		Sarah Jane Brown				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND		
	Baltimore Md			Baltimore Co				
	Date of death 1905	Month	Day	Years	Months	Days		
	March		6	Age	34			
	Sex	female		Color or Race	white		Birth-place	England
	Married, Single or Widowed	married		Occupation				
Name of Wife or Husband								
Father's Name				Father's Birthplace				
John Mackintosh				England				
Mother's Maiden Name				Mother's Birthplace				
Ann. Forrestell				Ireland				
Name of person giving information				How related to deceased				
Thomas Brown				Husband				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary			How long				
	Pulmonary Tuberculosis			about five yrs				
	Immediate			How long				
	Influenza			1 week				
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				
				D. F. Boney				
				Address				
				Lynch Md.				
Accident or Suicide?								

Martin Fahy & Sons
606 W. Lafayette Ave
St Peters Cemetery City

Name
in
Full

Wm. Bucher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *St. Agnes' Hosp.* ^{Town} *Balto.* ^{County}Date of death *1905* ^{Month} *Mar.* ^{Day} *29* ^{Years} *29* ^{Months} ^{Days}Sex *Male* Color or Race *White* Birth-place *Baltimore*Occupation *laborer* Where Residing if not at place of death *213 Pratt St.*Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving In formation *22* How related to deceased

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis.* How longImmediate *Exhaustion* How long

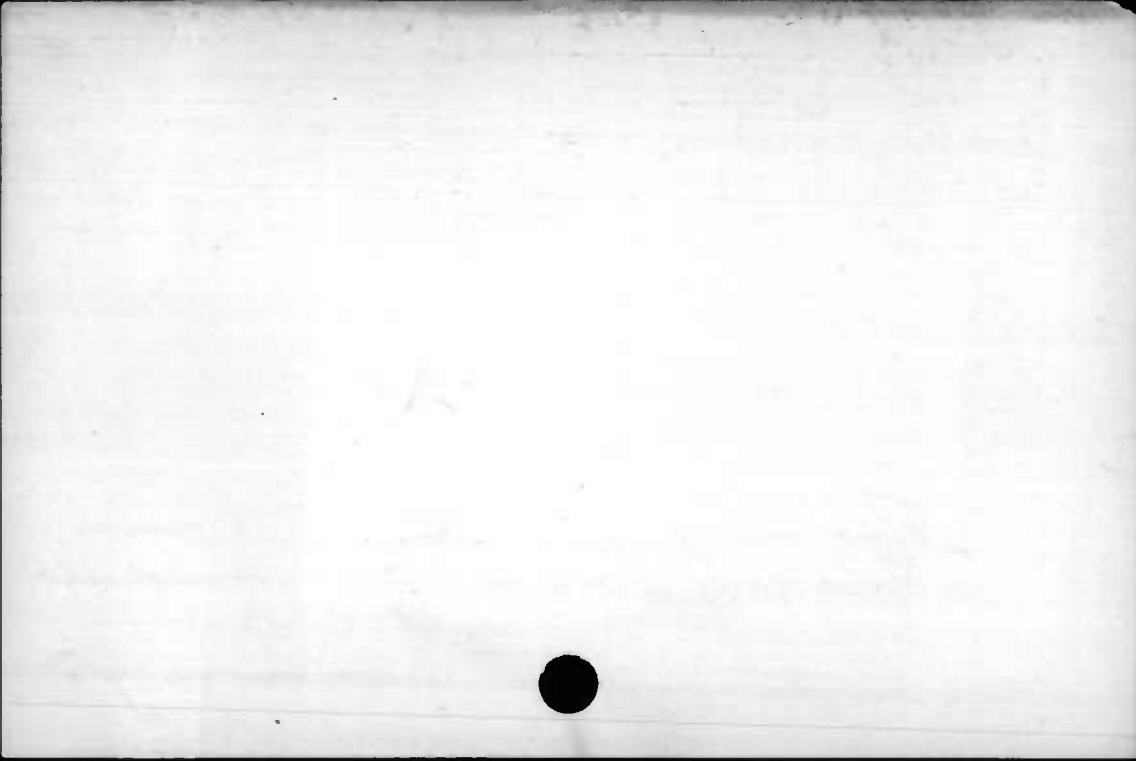
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*J. P. Maza M.D.**St. Agnes Hospital*

Accident or Suicide?



Name
in
Full

Leonard F. Burke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikeville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>Mar</i>	Day <i>36th</i>	Age <i>30</i> Years	Months <i>7</i> Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pikeville</i>		
Occupation <i>Tanner</i>	Where Residing if not at place of death <i>Pikeville Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary E Burke</i>				
Father's Name <i>Levi F. Burke</i>	Father's Birthplace <i>Balto Co.</i>				
Mother's Maiden Name <i>Elizabeth Burke</i>	Mother's Birthplace <i>Montgomery Co</i>				
Name of person giving information <i>Mrs Mary Burke</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>3 years</i>
Immediate <i>Tuberculosis of Peyer's</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. C. Smith</i>
	Address <i>Woodlawn Sta Md</i>
Accident or Suicide? <i>—</i>	

Mt. Olive Church

Feb. 28, 1905.

For Book

Name
in
Full

Sarah Elizabeth Burkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Woodlawn</u> ^{Town}		<u>Baltimore Co</u> ^{County}		MARYLAND	
Date of death	<u>1905</u>	<u>March</u> ^{Month}	<u>24</u> ^{Day}	<u>67</u> ^{Years}	<u> </u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Harford Co</u>
Occupation	<u>Housekeeper</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>William Burkins</u>			Father's Birthplace	<u>Harford Co</u>
Mother's Maiden Name	<u>Sarah E. Tollinger</u>			Mother's Birthplace	<u>Harford Co</u>
Name of person giving information	<u>Mrs. J. J. Perrygo</u>			How related to deceased	<u>Aunt</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Apoplexy</u>	How long	<u>5 - hours</u>
Immediate	<u>Paralytic Respiration</u>	How long	<u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>A. C. Summich</u>
		Address	<u>Woodlawn Stet</u>
Accident or Suicide?	<u> </u>		<u>MD</u>



Name
in
Full

Mary B. Burns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cockeysville</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>3</i> ^{Month}	<i>9</i> ^{Day}	<i>55</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Cockeysville</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Benj. Burns</i>	Father's Birthplace <i>U. S. Md</i>				
Mother's Maiden Name <i>Belinda Burns</i>	Mother's Birthplace <i>U. S. Md</i>				
Name of person giving information <i>Chas Rowe</i>	<i>(93)</i>			How related to deceased <i>Bro. in Law.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Alcoholism</i>	<i>93</i> ✓	How long <i>In definite.</i>
Immediate <i>Pneumonia - Coma</i>		How long <i>about 12 hrs -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wilmer C. Emerson, M.D.</i>	
	Address <i>Cockeysville.</i>	
	<i>Md.</i>	
Accident or Suicide?		

Wiseburg M. E. Church
Cem.

John Burriss Sons

Name
in
Full

Thomas Butelspacher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *St. Agnes' Hosp.* ^{Town} *Balto.* ^{County}Date of death *1905* ^{Month} *Mar.* ^{Day} *24* ^{Years} *30* ^{Months} ^{Days}Sex *Male* Color or Race *White* Birthplace *Balto.*Occupation *Butcher* Where Residing if not at place of death *5 Front Hill*Married, Single or Widowed *Married* Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary *Poliomyelitis* *63* How longImmediate *Gastric* How long

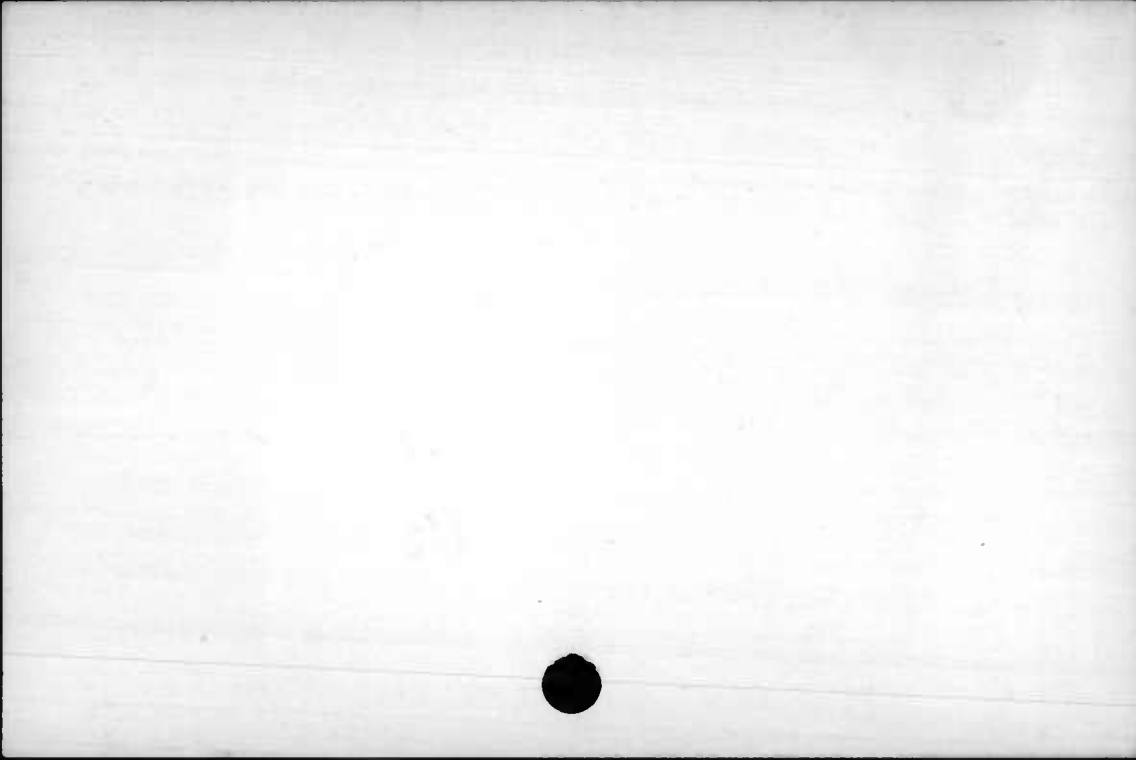
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. P. Mara M.D.
St. Agnes Hospital

Accident or Suicide?



Name
in
Full

Otto Caesar

CERTIFICATE OF DEATH

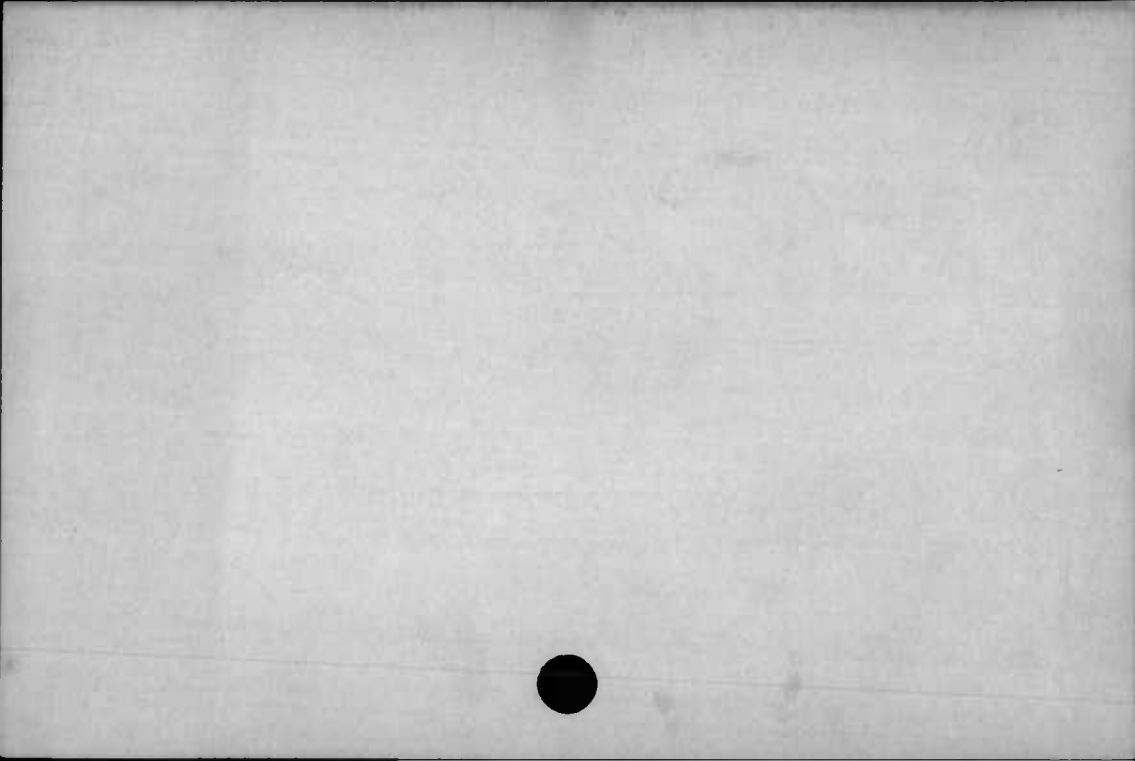
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Back River</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1905	Month	March	Day	10	Years	Age about 45
Sex	Male		Color or Race	White		Birth-place	Germany
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	—					Father's Birthplace	—
Mother's Maiden Name	—					Mother's Birthplace	—
Name of person giving information	Sam. Weber					How related to deceased	—

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Shock & exhaustion from being outdoors</i>		How long	
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Ed J. Herrmann</i>	
Yes.		Address	<i>Rossville</i>	
			<i>Balto. Co. Md</i>	
Accident was ?				



Daisy B. Larkin

Town

County

Cockeysville

Baltimore Co

MARYLAND

Died at

Date 1905-

Month

Day

March 25-

Age

Y.

M.

D.

8-9-16

Native of

Maryland

Occupation

School

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Carroll Larkin

Mother's

Maiden Name

Daisy Estelle Parks

Cause of

Primary

Meningitis acute

How long sick

5 days

Death

Immediate

General failure of ^{powers} vital

Accident, Suicide, Homicide

Reported by

Dr J E Benson

Address

Cockeysville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Interment at
Jesse's Cemetery on
Tuesday March 28

Name in Full

Certificate of Death

Albert G. Carter

Town

County

MARYLAND

Died at Wash. Rd. Balto Co.

Date 1905 ^{Month} Feb ^{Day} 9 ^{Age} - 10 ^{Y.} 28 ^{M.} ^{D.} ^{Native of} Md ^{Occupation} —

~~Male~~ ~~White~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Immediate

How long sick

5 days
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Geo. S. M. Keffer
of Monroe OK Balto Co Md

Seen by Coroner
of

Information contained in this certificate received
from Mr John Carter
of North Rd.

Robt Brooks.
Western Cemetery

Name
in
Full

Albert C. S. Chaney.

CERTIFICATE OF DEATH

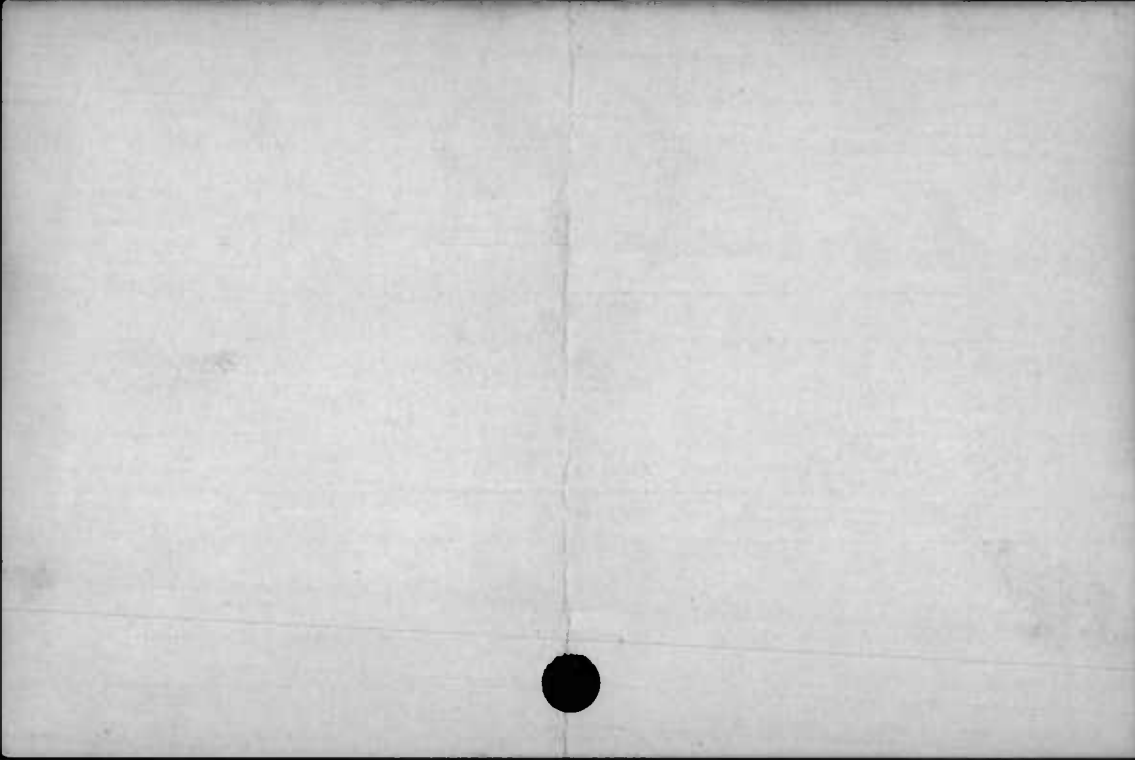
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wickeyville</i>		County <i>Ballo</i>		MARYLAND	
Date of death	1905	Month <i>March</i>	Day <i>28</i>	Age <i>18</i>	Years <i>1</i> Months <i>19</i> Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>W.D.</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>Wickeyville</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Geo E. Chaney</i>		Father's Birthplace <i>W.D.</i>			
Mother's Maiden Name <i>Lucy Whitmore</i>		Mother's Birthplace <i>W.D.</i>			
Name of person giving information <i>Geo E. Chaney</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tubercular Meningitis</i>	How long <i>4 weeks</i>
Immediate <i>Broncho Pneumonia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. C. Smith</i>
<i>Yes</i>	Address <i>Woolburn St</i>
Accident or Suicide?	<i>W.D.</i>



Name in Full

Certificate of Death

Died at Appley Glen Belts MD
 Town County MARYLAND
 Date 189 1905 March 21st Age 18 - - MD Home Blind
 Month Day Y. M. D. Native of Occupation
Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Perulant gonorrhea. Blind

How long sick

one year

Death

Immediate

Slow Asthenia

Accident, Suicide, Homicide

Reported by

Address

W. Winsey MD1220-E. Fayette StBelts, MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

W Schmitting 5-1 Pappaloni

Cenky on Melvale / Some -
Bath Co Md

Mar 23-05-

Name
in
Full

Elizabeth M. Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Yeohu		County Baltimore		MARYLAND	
Date of death 1905		Month 3	Day 24	Age Years 75		Months 6	Days 14
Sex Female		Color or Race White		Birth- place Baltimore, Md.			
Married, Single or Widowed Widowed		Occupation Housewife					
Name of Wife or Husband Samuel S. Cole							
Father's Name Richard S. Howble				Father's Birthplace Hampstead, Md.			
Mother's Maiden Name Ruth Murray				Mother's Birthplace Hampstead, Md.			
Name of person giving In formation Samuel S. Cole				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	2 years
Immediate	Coma & Convulsions	How long	36 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		A. B. Mitchell	
Address		Black Fox, Md.	
Accident or Suicide?			

Interment at Black
Rock Cemetery Monday
March 27

Name
in
Full

CERTIFICATE OF DEATH

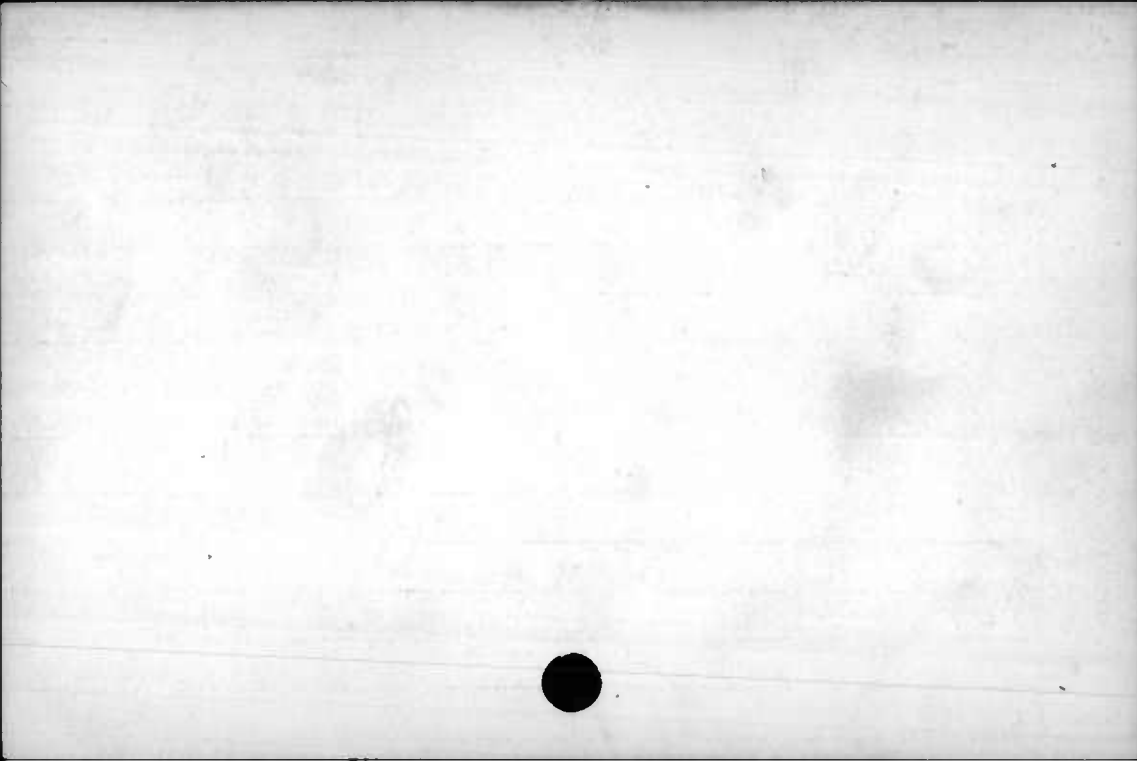
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Thomas Collins</i>		Town <i>mt winans</i>		County <i>Baltimore</i>		MARYLAND									
Died at <i>mt winans</i>		Date of death <i>1905</i>		Month <i>Mar.</i>		Day <i>12</i>		Age <i>2</i>		Years <i>0</i>		Months <i>0</i>		Days <i>2</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>mt winans</i>											
Occupation		Where Residing if not at place of death													
Married, Single or Widowed		Name of Wife or Husband <i>Sarah Collins</i>													
Father's Name <i>Thomas Collins</i>		Father's Birthplace <i>Harpur d</i>													
Mother's Maiden Name <i>Sarah Owings</i>		Mother's Birthplace <i>Baltimore</i>													
Name of person giving information <i>Thomas Collins</i>		How related to deceased <i>father</i>													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Membranous Laryngitis</i>	How long <i>3 days</i>
Immediate <i>Bronchial pneumonia</i>	How long <i>15 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. V. Glamm</i>
	Address <i>mt winans</i>
Accident or Suicide?	<i>no</i>



Name
in
Full

Christiana Comes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fullerton</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>McK.</i>	Day <i>1st</i>	Age <i>76th</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name or Wife or Husband <i>Chris. Comes</i>				
Father's Name <i>Kaefer</i>	Father's Birthplace				
Mother's Maiden Name <i>do not know</i>	Mother's Birthplace				
Name of person giving information <i>John Comes</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Insufficiency</i> <i>79</i>	How long <i>several years.</i>
Immediate <i>Failure Compensation</i>	How long <i>1/2 hour.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Lingard J. Whitford.</i>
<i>Yes</i>	Address <i>Fullerton, Md.</i>
Accident or Suicide? <i>—</i>	

Entertainment Hess M.E.
Church to Oxford Road

Geo. W. Gorman

under taker

Name
in
Full

George F Corse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gardenville</i> <small>Town</small>		<i>Dale</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>March</i> <small>Month</small>	<i>3</i> <small>Day</small>	Age <i>66</i> <small>Years</small>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Occupation <i>Physician</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name <i>Wm Corse</i>	<i>40</i>				Father's Birthplace
Mother's Maiden Name <i>Deborah Snell</i>					Mother's Birthplace
Name of person giving information <i>Sarah Corse</i>					How related to deceased <i>wife</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Causes of Stomach</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. D. Corse</i>
	Address <i>Gardenville Md</i>
Accident or Suicide?	

Dr. Geo. F. Corse

Died March 23-1905

Born Dec. 8-1839=

Mrs. Corse =

Debra Sinclair Bath Co =

Name
in
Full

CERTIFICATE OF DEATH

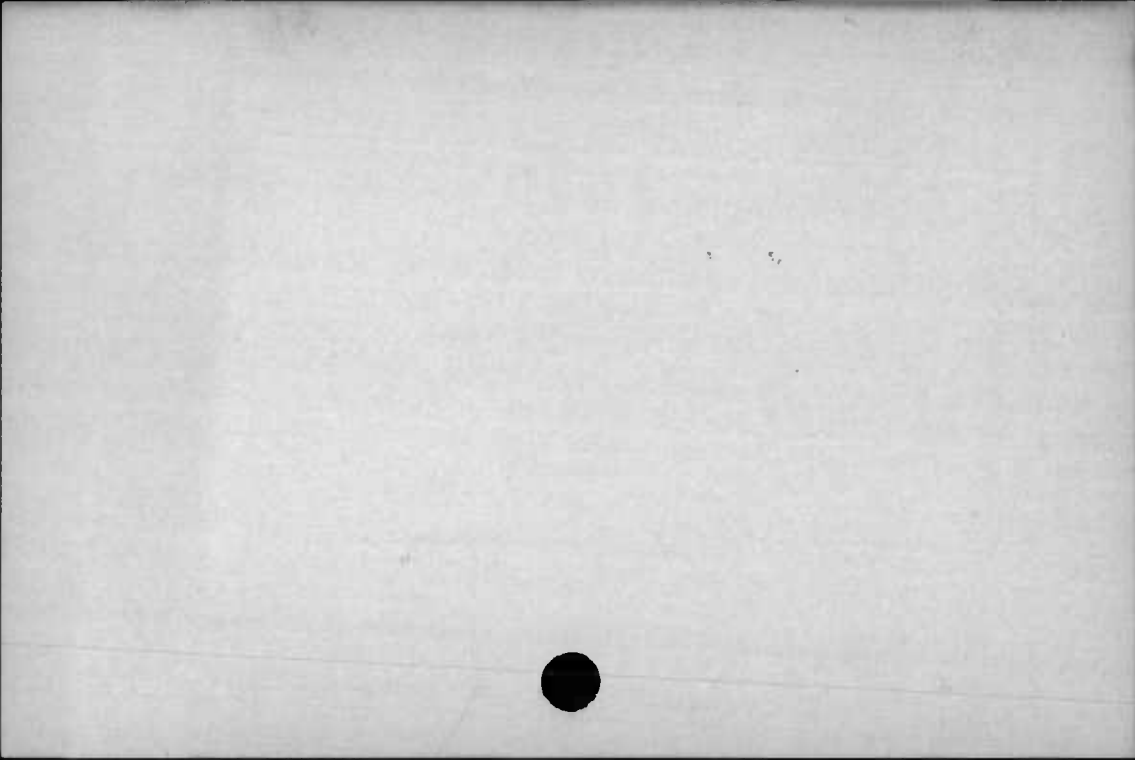
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beugies</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>March</i> ^{Month}	<i>16</i> ^{Day}	Age <i>83</i> ^{Years}	<i>—</i> ^{Months}	<i>241</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary E Cowley</i>				
Father's Name <i>—</i>			Father's Birthplace		
Mother's Maiden Name <i>—</i>			Mother's Birthplace		
Name of person giving information <i>R H Owings</i>			<i>79</i> ⁷⁹	How related to deceased <i>son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease of Heart</i>	How long <i>Several years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Harrison M.D.</i>
	Address <i>Middle River Ind</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Clara Edna Coogue

CERTIFICATE OF DEATH

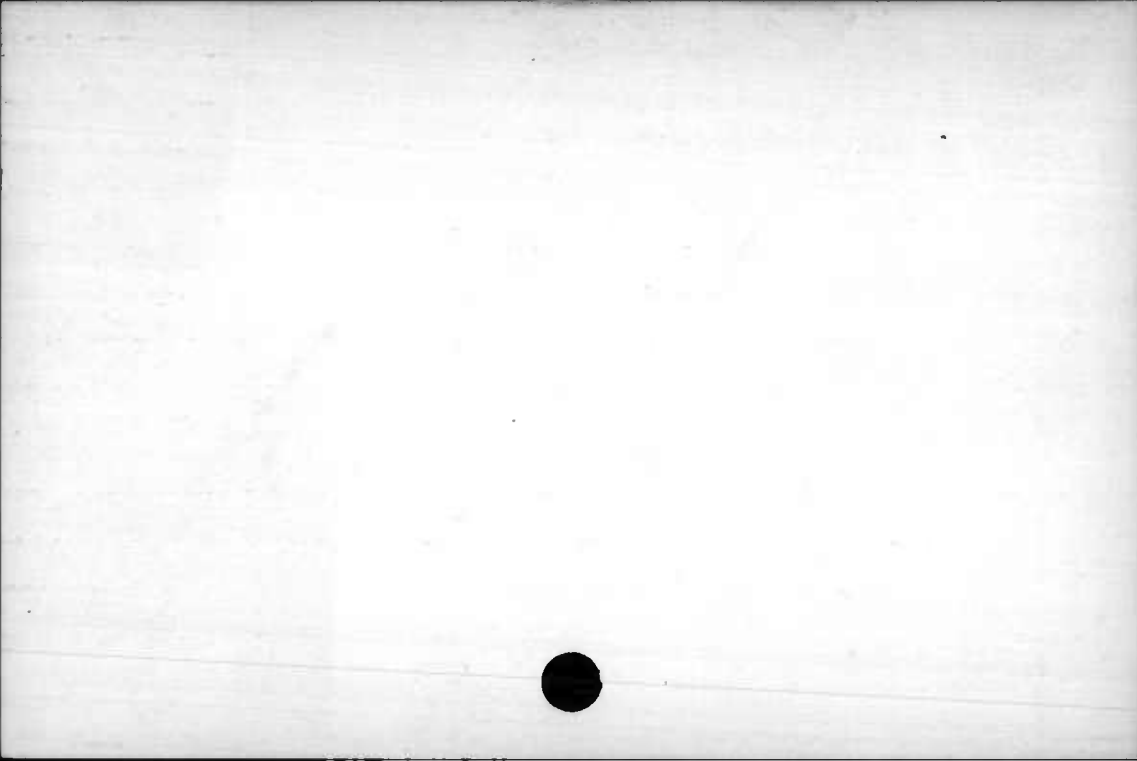
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dickeyville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	190 <u>5</u> ^{Month} <u>March</u> ^{Day} <u>20</u>	Age	<u>14</u> ^{Years}	<u>4</u> ^{Months}	<u>2</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Dickeyville Md</u>
Occupation	<u>_____</u>		Where Residing if not at place of death <u>_____</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>_____</u>			
Father's Name	<u>Jerome A. Coogue</u>			Father's Birthplace	<u>Balt Md.</u>
Mother's Maiden Name	<u>Ellen Agnes Doyle</u>			Mother's Birthplace	<u>Balt Md.</u>
Name of person giving information	<u>Ellen Agnes Coogue</u>			How related to deceased	<u>Mother</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Phthisis</u>	How long	<u>2 1/2</u>
Immediate	<u>Pulmonary Phthisis</u>	How long	<u>Indiscreetly observed for 3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>James M. McManis</u>
		Address	<u>Dickeyville Md</u>
Accident or Suicide?			



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Herring Run</i>		Town <i>Balto</i>		MARYLAND
	Date of death <i>1905</i>		Month <i>3rd</i> Day <i>15</i> Age <i>5</i> Years <i>5</i> Months <i>5</i> Days		
	Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>
	Occupation <i>---</i>		Where Residing if not at place of death <i>---</i>		
	Married, Single <i>Single</i>		Name of Wife or Husband <i>---</i>		
	Father's Name <i>George Crismer</i>		Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Mary Hall</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>George Crismer</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Indigestion</i>		How long <i>104</i>		How long <i>since birth</i>
	Immediate <i>Exhaustion</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Schufeldt</i>		
			Address <i>1400 First St.</i>		
Accident or Suicide? <i>---</i>					

H C Meidefeld
~~Hornquist~~

London Park

Name
in
Full

CERTIFICATE OF DEATH

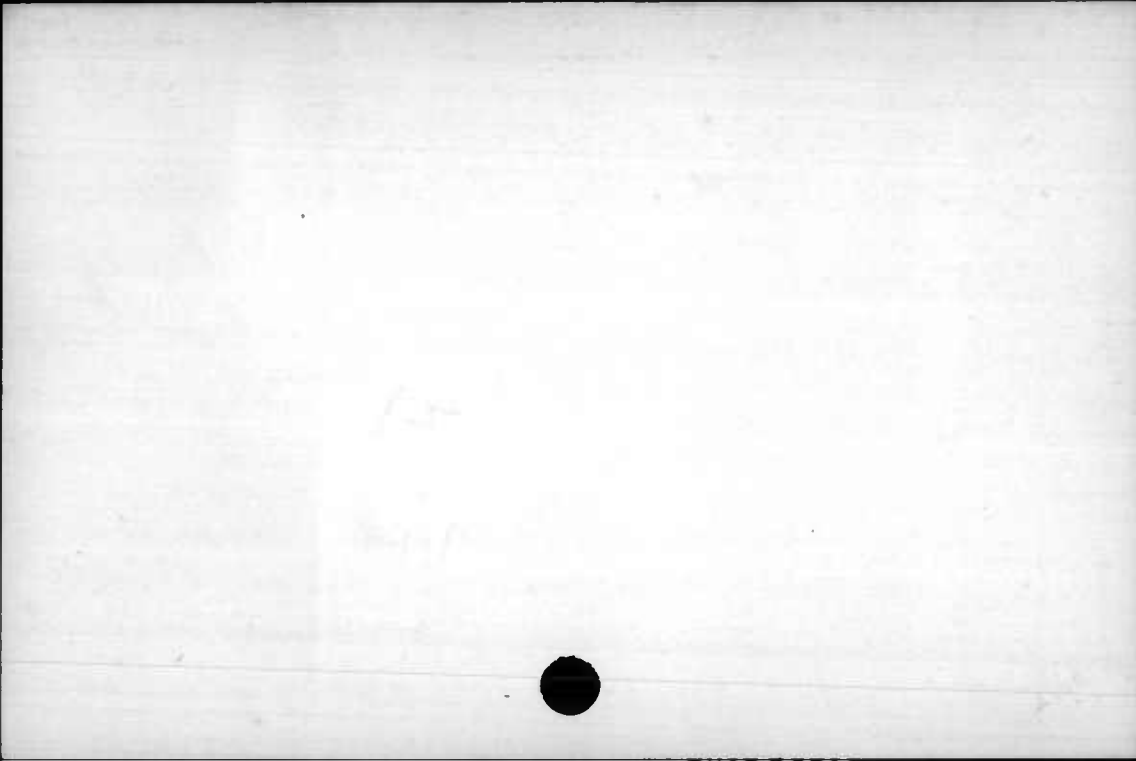
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Hosp.</i>		Town	County	<i>Balto.</i>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>March</i>	Day	<i>30</i>	Years	<i>60</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Balto. Co.</i>		
Occupation	<i>None</i>			Where Residing if not at place of death	<i>932 Argyle Ave.</i>		
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

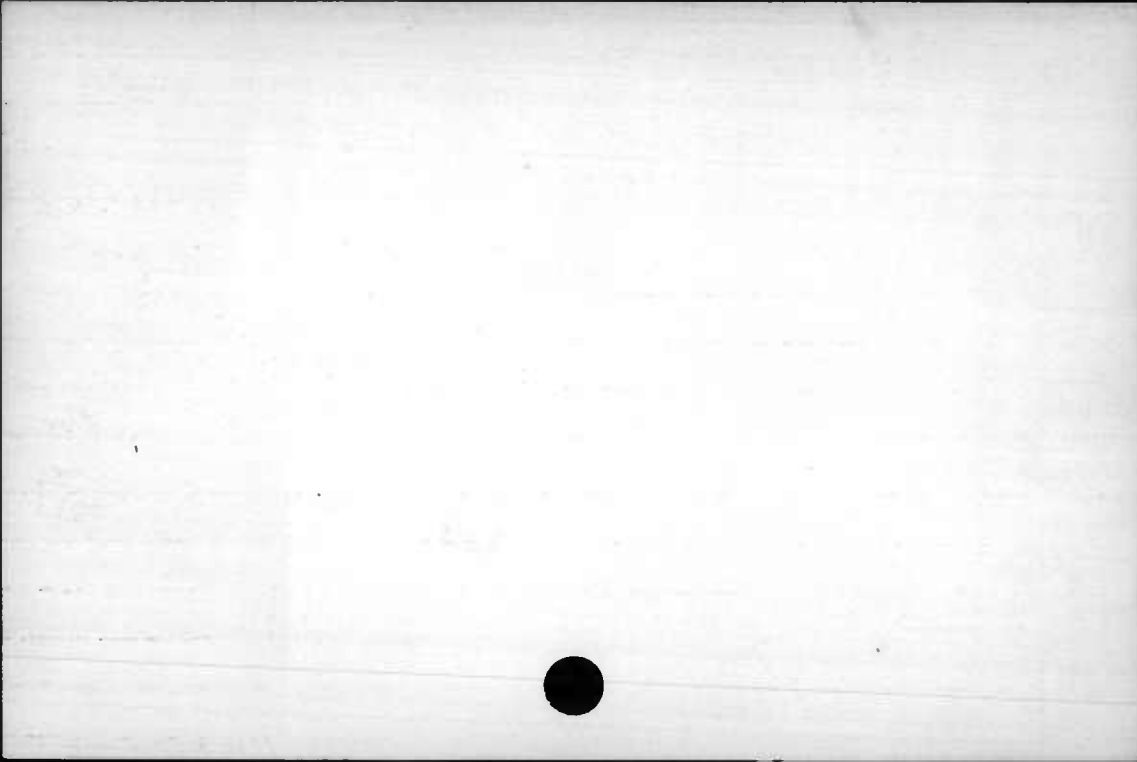
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



Name in Full		Dorsett				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at	George Town		Baltimore County		MARYLAND							
	Date of death	1905	Month	Mar	Day	18	Age	Years	-	Months	-	Days	3
	Sex	Female		Color or Race		White		Birth-place		George			
	Occupation	ch				Where Residing if not at place of death							
	Married, Single or Widowed	-		Name of Wife or Husband				-					
	Father's Name	Wm Dorsett						Father's Birthplace		Balt Co			
	Mother's Maiden Name	Emma Bond						Mother's Birthplace		" "			
Name of person giving information	Wm Dorsett						How related to deceased		Father				
<div style="text-align: center;"> <div>109</div> <div>CAUSES OF DEATH</div> </div>													
PHYSICIAN OR CORONER	Primary	Gastro Enteric Hemorrhage						How long		2 days			
	Immediate	-						How long		-			
	Are the name, age, sex, color, date and place correctly given above?	Yes						Signature of Physician		G. N. Atteys			
								Address		2 Hudson St			
	Accident or Suicide?						-						



Name
in
Full

Catherine Dash


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sellers Station</i>		County <i>Balto.</i>		MARYLAND	
Date of death	1906	Month	<i>March</i>	Day	<i>30</i>
Age		Years		Months	Days
<i>62</i>					
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Si- mple	Name of Wife or <i>Adam Dash</i>				
Father's Name	<i>Mr. Benjamin</i>			Father's Birthplace	<i>Don't know</i>
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information	<i>Adam Dash</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chorea</i>	How long	<i>3 months</i>
Immediate	<i>Chorea</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>F. C. Stedman M. D.</i>
		Address	<i>Shannon's Point.</i>
			
<i>Accident or Suicide?</i>			

J. V. Sanders to
Mr Carmel Aubrey

Name
in
Full

Geo. W. Savage

171
CERTIFICATE OF DEATH

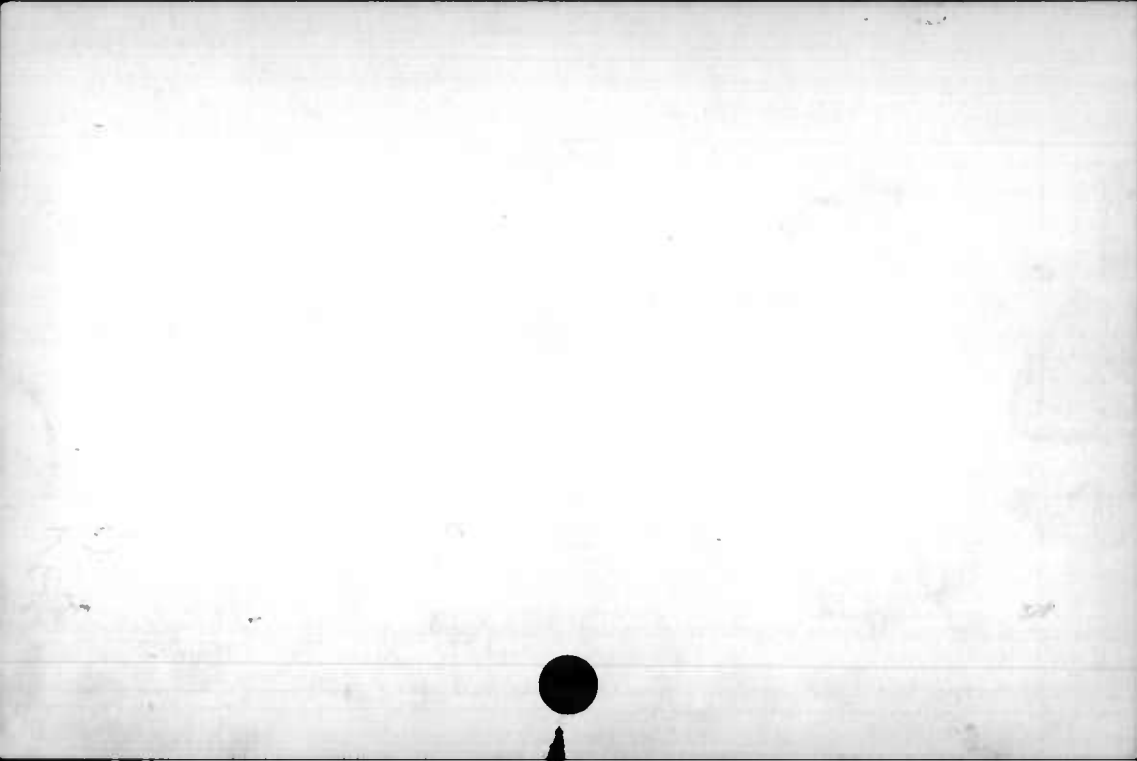
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hartlett</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u>	Month <u>Mar</u>	Day <u>22nd</u>	Age <u>55</u> <small>Years</small>	Months <u>4</u> Days <u>10</u>
Sex <u>Male</u>	Color <u>Colored</u>		Birth-place <u>Balto. Co Md</u>		
Occupation <u>Farmer</u>		Where Residing if not at place of death			
Married <u>Married</u>		Name of Wife or Husband <u>Josephine Blair</u>			
Father's Name <u>Benj. Savage</u>		Father's Birthplace <u>Becil Co. Md</u>			
Mother's Maiden Name <u>Cynthia Meads</u>		Mother's Birthplace <u>Balto. Co Md</u>			
Name of person giving Information <u>Fred. Savage</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Chronic Rheumatism</u> <u>76</u>	How long <u>20 years</u>
Immediate <u>Valvular Heart Disease</u>	How long <u>one year</u>
Are the name, age, sex, color, date and place correctly given above? <u>—</u>	Signature of Physician <u>J. S. Schen</u>
	Address <u>Spittings</u>
Accident <u>—</u> Self ?	



Name
in
Full

Thos. P. Dent

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Highlandtown^{County} BaltoDate of death 1905 ^{Month} 3^{Day} 24Age ^{Years}^{Months} 1^{Days} 6

Sex Male

Color or
Race

white

Birth-
place

Balto. Co

Occupation

none

Where Residing if not
at place of death

235 E. Lombard

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Thos Dent

Father's
Birthplace

Balto

Mother's
Maiden Name

Grace Gessner

Mother's
Birthplace

"

Name of person giving
information

J. Kerrig

How related
to deceased

none

CAUSES OF DEATH

Primary

marasmus.

How long

2 weeks.

Immediate

Exhaustion.

How long

12 hours.

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

Jas. L. Truxman

13 And Stough.

Highlandtown.

Accident or Suicide?

no

J Kernig & Son
Trinity term.

3/26/65

Name in Full

Certificate of Death

Michael Dolan

Died at

MARYLAND

Baltimore, Co. Calverton

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

3 8

Age

Ireland

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Hepatitis

114

How long sick

About 1 month

Accident, Suicide, Homicide

Reported by

Dr. T. C. Bussery
Texas

Address

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Patrick Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Endowment Sanitorium*^{County} *Balto*

MARYLAND

Date
of death *1905*Month *3*Day *17*Age *34*

Months

Days

Sex *Male*Color or
Race*white*Birth-
place*unknown*

Occupation

*Laborer*Where Residing if not
at place of death~~Married~~ Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Wout Know*Father's
Birthplace*Ireland*Mother's
Maiden Name*Wout Know*Mother's
Birthplace*Ireland*Name of person giving
Information*Miss Hoffman*How related
to deceased*None*

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

One year

Immediate

Exhaustion

How long

*Two months*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*W. A. Jarrett*

Address

Johnson, Md.

Accident or Suicide?

*no*PHYSICIAN
OR CORONER

H. C. Wendepfel

91st Green Mt Ave.

Bonnie Brae.

Name
in
Full

Mary Beatrice Dunkerly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Denis</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>March</i>	Day <i>23</i>	Age <i>1</i> Years	Months <i>8</i> Days <i>26</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Hanover, Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>St Denis, Md</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Harry W. Dunkerly</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Kate Kavanaugh</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>H. W. Dunkerly</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Extensive superficial burn</i>	How long <i>2 days</i>
Immediate <i>Shock</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. R. Eareckson</i>
	Address <i>Elk Ridge, Md.</i>
Accident or other ?	

C. A. R. Earp.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Dickeyville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1905	Month <i>March</i>	Day <i>9</i>	Age <i>44</i>	Years	Months <i>two</i>	Days <i>three</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Dickeyville</i>						
Married, Single or Widowed <i>Married</i>	Name or Wife or Husband <i>Elizabeth East</i>						
Father's Name <i>Caleb J. East</i>	Father's Birthplace <i>md.</i>						
Mother's Maiden Name <i>Mary Ann Ware</i>	Mother's Birthplace <i>md.</i>						
Name of person giving information <i>Geo. J. East</i>	How related to deceased <i>Brother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculous</i>	How long <i>1 year</i>
Immediate <i>Intestinal Tuberculosis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. C. Smith</i>
	Address <i>Woodlawn Sta</i>
Accident or Suicide?	<i>Med</i>

Lorraine C. m.
J. B. Cook

Name
in
Full

Edward J. M. L. Echo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wm mians</i>		County <i>Balto</i>		MARYLAND	
Date of death 190 <i>1</i>	Month <i>3</i>	Day <i>7</i>	Age <i>17</i>	Months <i>7</i>	Days <i>17</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Wm mians</i>	
Married, Single or Widowed <i>X</i>			Occupation		
Name of Wife or Husband <i>X</i>					
Father's Name <i>Wm A. Echo</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Elvira Ornell</i>			Mother's Birthplace <i>D. C.</i>		
Name of person giving in formation <i>Elvira Echo</i>			How related to deceased <i>Wister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>61</i>	How long
Immediate <i>Convulsions</i>		How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Z. H. Hall</i>	
	Address <i>Wm mians</i>	
	<i>No burial at</i>	
Accident or Suicide?	<i>Land on Park</i>	

19 31

Name
in
Full

George Washington Elliott

CERTIFICATE OF DEATH

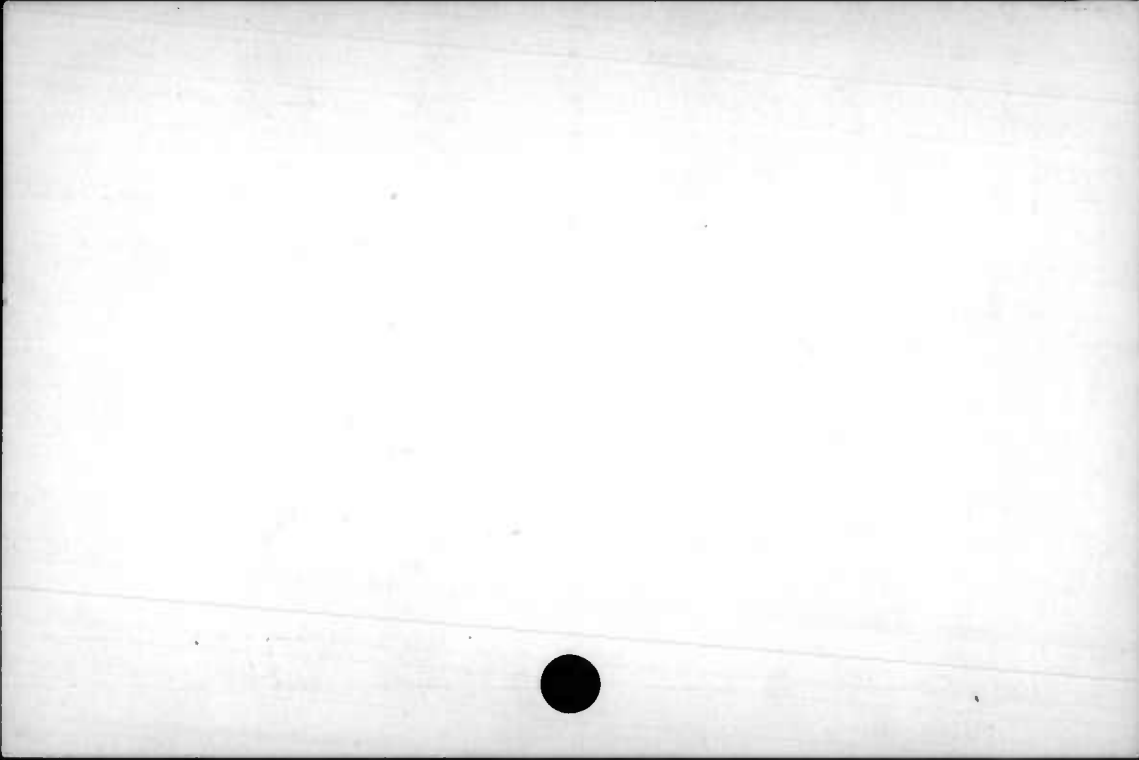
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hereford</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	5-	Month <i>March</i>	Day <i>27</i>	Age	Years <i>86</i>	Months <i>Ten</i>	Days <i>26</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>White-hall</i>
Married, Single or Widowed	<i>Married</i>			Occupation			<i>Retired Merchant.</i>
Name of Wife or Husband		<i>Eliza E. Elliott</i>					
Father's Name		<i>Abram Elliott</i>				Father's Birthplace	
Mother's Maiden Name		<i>Margaret Cunningham</i>				Mother's Birthplace	
Name of person giving In formation		<i>Mrs E. H. Mays</i>				How related to deceased	
						<i>Daughter.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Disease of Heart</i>		How long	<i>2-3 years</i>
Immediate	<i>Collapse</i>		How long	<i>12-15 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	
			<i>A. R. Mitchell</i>	
			Address	
			<i>Mountford, Md.</i>	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Texas</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>3</i>	Day <i>14</i>	Years <i>42</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Baltimore Abolition</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Geo Ensor</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>L. A. Skiffes</i>			How related to deceased <i>79 Son in Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Regurgitation & Dilatation of Heart.</i>	How long <i>Came to Institution</i>
Immediate	How long <i>Mar. 13th 05</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Thos. C. Bussey</i>
	Address <i>Texas Md.</i>
Accident or Suicide? <i>No</i>	

Burnt at Booleys
by Edward Price

Name
in
Full

Margaret Emge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Parkville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1905	<i>March</i> ^{Month}	<i>9</i> ^{Day}	Age <i>63</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>married</i>	Occupation <i>none</i>				
Name of Wife or Husband <i>Frank A. Emge</i>					
Father's Name <i>George Bridger Rohe</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Margaret Rohe</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>George P. Emge</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dyspepsia</i> <i>104</i>	How long <i>4 yrs.</i>
Immediate	<i>Senile debility</i>	How long <i>4 mo.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Henry A. Long, M.D.</i>
		Address <i>Hamilton</i>
Accident or Suicide?		<i>md</i>

Cemetery of Immaculate
Conception

7 Lassarum ~~San~~

Balls

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>March</i>	Day <i>10</i>	Age <i>43</i>	Years <i>5</i>	Months <i>23</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Md.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Geo. M. Attinger</i>			Father's Birthplace <i>Benn</i>		
Mother's Maiden Name <i>Mary B. Bural</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Edith Colbert</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>acute Parenchymatous Nephritis</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>120 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. Truesdell</i>
<i>No</i>	Address <i>32nd St. & Hoyle</i>
Accident or Suicide? <i>No</i>	<i>Highlandtown</i>

London Park Lane
Harden Bros

Name
in
FullHarriette ~~Agnes~~ Eyire
Town City

CERTIFICATE OF DEATH

MARYLAND

Died at Hampston
Date of death 1905 3 12 6 9
Month Day Years Months DaysSex Female Color or Race white Birth-place Ballo.Occupation None Where Residing if not at place of death HampstonMarried, Single or Widowed Single Name of Wife or Husband NoneFather's Name Walter Eyire Father's Birthplace Md.Mother's Maiden Name Catherine Sumner Mother's Birthplace Md.Name of person giving information Walter Eyire How related to deceased Father

CAUSES OF DEATH

Primary Tuberculosis How long Two yearsImmediate esophageal debility How long one yearAre the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Burns Sons
Providence Conn

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth A Foss</i>		Town <i>Govanstown</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Govanstown</i>		Date of death <i>1905 Mar 14</i>		Age <i>74</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>36 Wrenwood Ave Govanstown</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Wm W Foss</i>					
Father's Name <i>Hugh Roberson</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Elizabeth Boussock</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Mrs L B Hancock</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>10 Days</i>
Immediate	<i>—</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. E. Gansline M.D.</i>
		Address	<i>601 Bator Ave</i>
Accident or Suicide?	<i>—</i>		

Dr. Sawline
old York Road & Cemetery

Burial at Friends
Burial Cemetery

Wm Cooper
for Nathl May

Name
in
Full

Doris Fichte

CERTIFICATE OF DEATH

Died at ^{Town} Highland		^{County} Baltimore		MARYLAND	
Date of death 190	5	Month	3	Day	19
Age		Years	74	Months	4
Sex		Female	Color or Race	White	Birth-place
Married, Single or Widowed		Widowed	Occupation		
Name of Wife or Husband		None			
Father's Name		Karl Stephan	Father's Birthplace		
Mother's Maiden Name		Not Known	Mother's Birthplace		
Name of person giving information		Minnie Schveear	How related to deceased		
			Daughter		

CAUSES OF DEATH

Primary	Chronic Bright's Disease	How long	2 yrs
Immediate	Exhaustion	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Geo. L. Truax
		Address	32nd Stough Styhlmanstown
Accident or Suicide?	no		

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mount Carmel
H. Sander & Sons

Name
in
Full

Anna Maria Saw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Catonsville* ^{Town}*Baltimore* ^{County}

MARYLAND

Date of death *1905* ^{Month} *Mar**13* ^{Day}*60* ^{Years} *Age*

Months

Days

Sex *Female*Color or
Race*white*Birth-
place*Ireland*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or ~~Widowed~~Name of Wife or
Husband*Robert Saw*Father's
Name*Thomas Gilpin*Father's
Birthplace*Ireland*Mother's
Maiden Name*Jane Johnston*Mother's
Birthplace*Id*Name of person giving
information*Margaret Gilpin*How related
to deceased*Niece*

CAUSES OF DEATH

Primary

Pleurisy

How long

12 days

Immediate

Cardiac Insufficiency

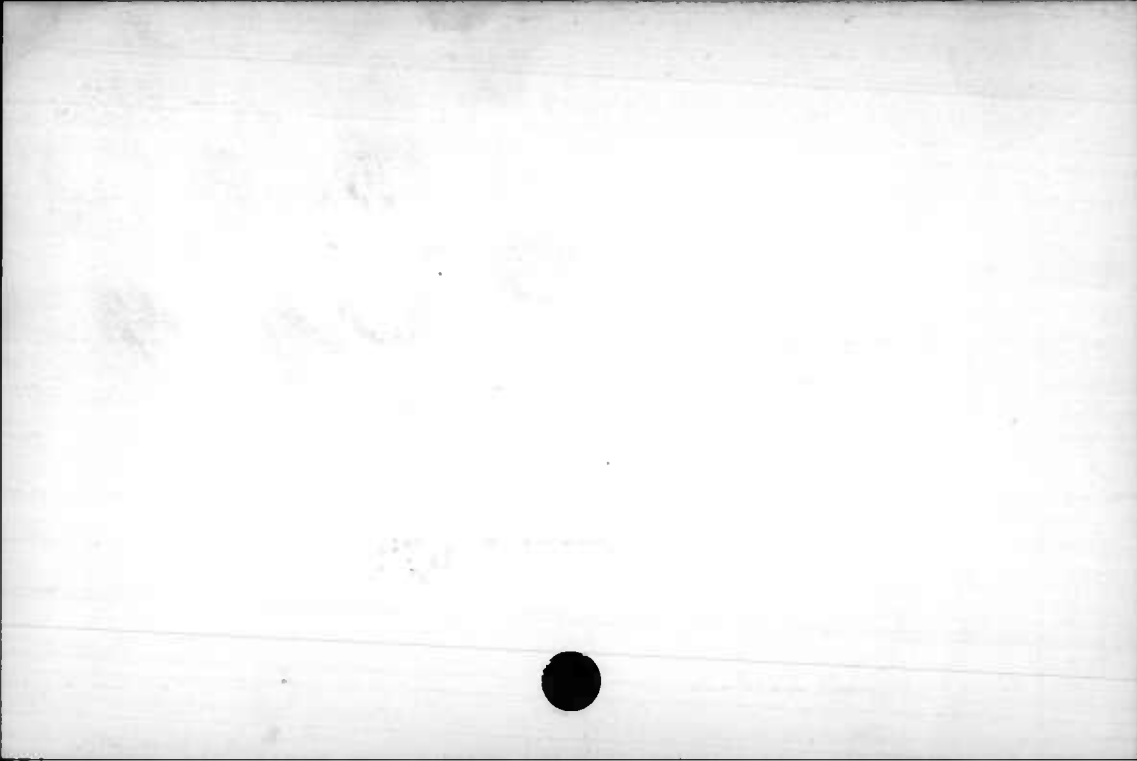
How long

*24 hr*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Dr. J. M. Mattfeldt*

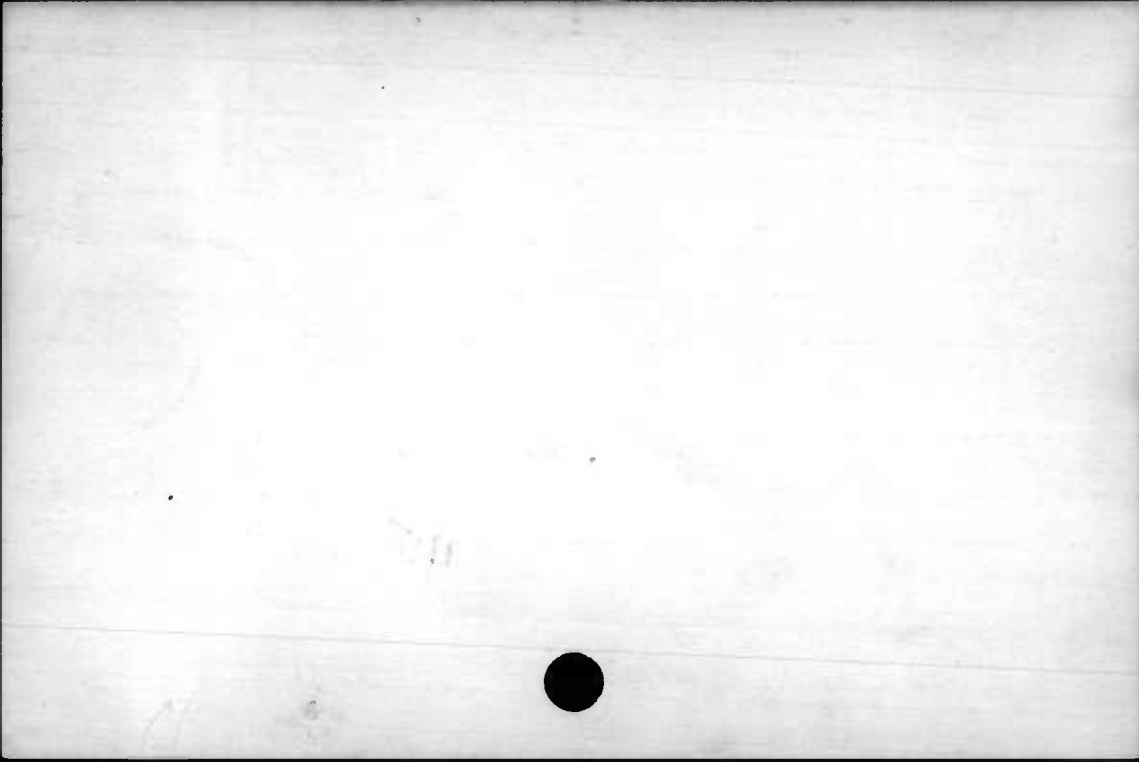
Address

*Catonsville**MD*

Accident or Suicide?



Name in Full William Gernig		Town Catonsville		County Baltimore		CERTIFICATE OF DEATH	
Died at		Date of death		Age		Months Days	
1905		March		26		9 4	
Sex Male		Color or Race White		Birth- place Baltimore			
Occupation Builder		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Annie Ruff Gernig					
Father's Name Jacob Gernig		Father's Birthplace Wustenberg					
Mother's Maiden Name Lehmann		Mother's Birthplace Wustenberg					
Name of person giving Information Minnie P. Gernig		How related to deceased Daughter					
CAUSES OF DEATH							
Primary Malignant Tumor of prostate gland (Sarcoma)		How long About 18 months					
Immediate Uraemic coma		How long Two days					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Chas. Macgill		Address Catonsville			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

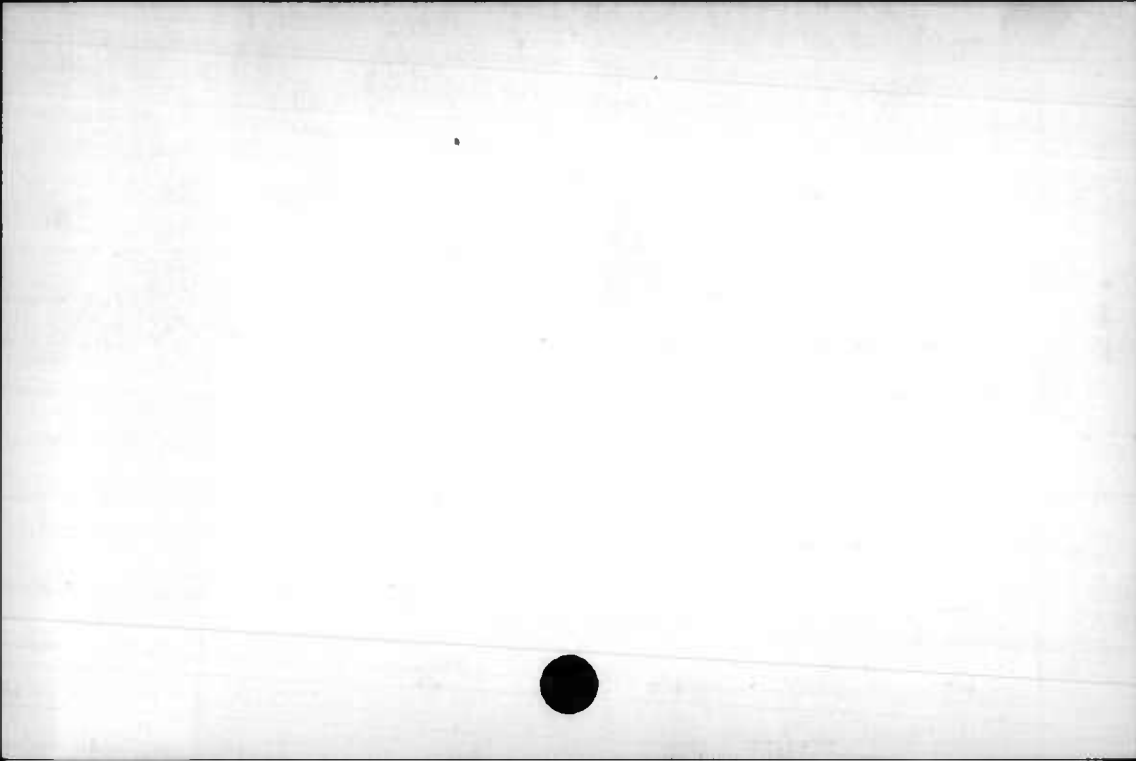
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full George V. Gladden		Town Sparrows Point		County Belt.		State MARYLAND	
Died at Sparrows Point		Date of death 1905		Month 3		Day 13	
Sex Male		Color or Race White		Age —		Years —	
Occupation None		Where Residing if not at place of death —		Birth-place Sparrows Point		Months 8	
Married, Single or Widowed —		Name of Wife or Husband —		Father's Name Geo. V. Gladden		Father's Birthplace Md.	
Mother's Maiden Name Martha Green		Name of person giving Information W. Woodward M.D.		Mother's Birthplace Md.		How related to deceased None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Patent Foramen Ovale	How long 8 hours
Immediate Cyanosis	How long 8 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. Woodward M.D.
Address Sparrows Point Md	
Accident or Suicide? —	



Name in Full

Certificate of Death

Mattee E Gray

Town

County

Died at

Texas

Balto.

MARYLAND

Date 19

05

Month

Day

3 13

Y.

M.

D.

Age 24

Native of

Va

Occupation

Homewife

~~Male~~~~White~~

Married

~~Widow~~

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

2

~~Husband~~ of

Wm Gray

Wife

Father's

Name

Jack Toppe

Mother's

Maiden Name

Patty Toppe

Cause of

Primary

Pneumonia

How long sick

Since Dec 18, 04

Death

Immediate

Pulmonary Tuberculosis

Accident, Suicide, Homicide

Reported by

Dr. Thos. C. Bursary

Address

Texas

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

To Be Transported By
Covers & Price
to Townville Virginia

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Wm. P. Gray*
Towson TownCounty
*Balto.*Date
of death *1906* Month *3*Day *21*Age *44* Years

Months

Days

Sex *Male*Color or
Race *(Cal)*Birth-
place *Va*Occupation
*Laborer*Where Residing if not
at place of death*Towson*Married, Single
or Widowed *Single*Name of Wife or
Husband*Lura Gray*Father's
Name *Wm. P. Gray*Father's
Birthplace *Va*Mother's
Maiden Name *?*Mother's
Birthplace *?*Name of person giving
In formation *Thomas L. Stevenson*How related
to deceased *in-in-law*

CAUSES OF DEATH

Primary *General debility*

How long

Immediate *Cardiac Asthenia*How long *4 hours*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician

Address

J. Gayles Bennett, M.D.
Towson Md~~Accident or Suicide?~~PHYSICIAN
OR CORONER

Robert A Elliott

Sandy Bottoms Tavern

Name In Full

Certificate of Death

No. *GREEN* *100*
 Town *Granite* County *Balt* MARYLAND
 Died at *Granite* *Balt*
 Month *May* Day *4* Y. *10* M. *days* Native of *Ind* Occupation _____
 Date 19*05* *May* # *4* Age *10 days* *Ind*
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
~~Female~~ Colored Single ~~Widower~~ Number of children living _____

Husband of _____
 Wife _____
 Father's Name *not known* Mother's Maiden Name *Sadie Green*
 Cause of Death { Primary *evidently premature* How long sick _____
 Immediate *delivered* *151* ✓ Accident, Suicide, Homicide

Reported by *John T. Isaac (Coroner)*
 Address *Granite*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

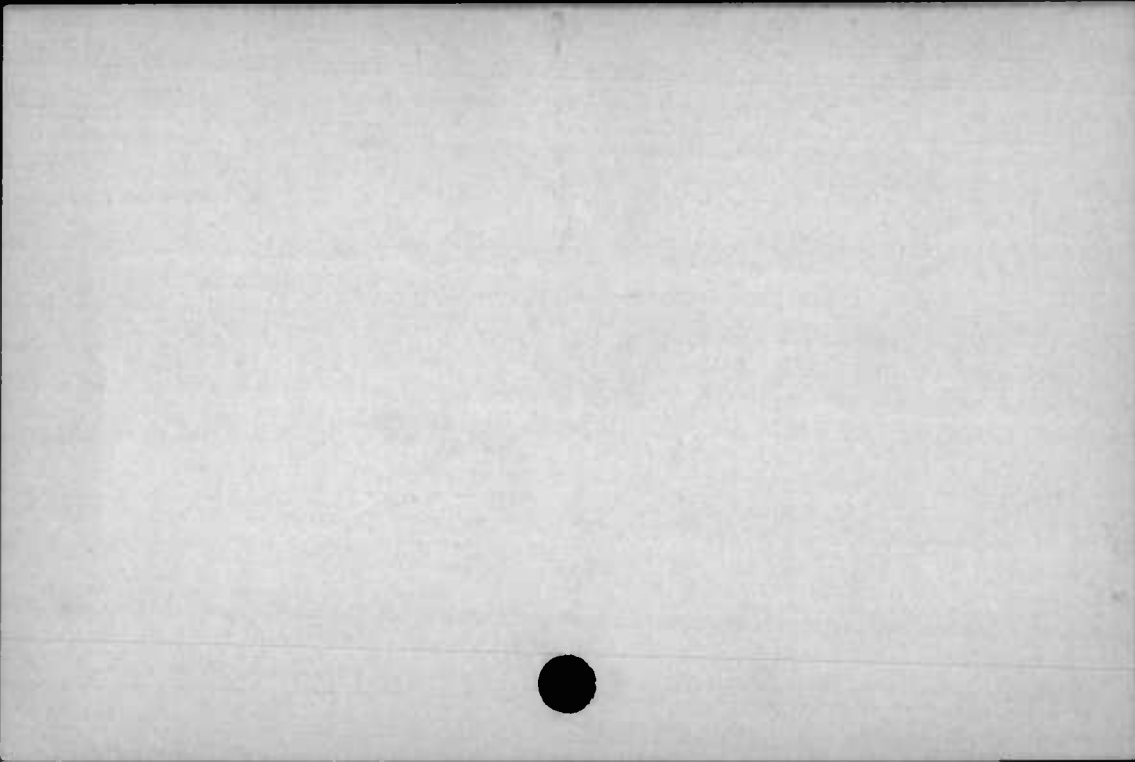
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hebville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		90	Month <i>March</i>	Day <i>17</i>	Age <i>50</i>	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Mainland</i>
Occupation	<i>Housekeeper</i>			Where Residing if not at place of death		<i>Hebville</i>	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	<i>George Gumpman</i>					Father's Birthplace	<i>Germany</i>
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage & apoplexy</i>	How long	
Immediate	<i>Paralysis</i>	How long	<i>Sixteen days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. J. Herb</i>
<i>yes</i>		Address	<i>Randallstown</i>
Accident or Suicide?			<i>Balt Co</i>



Name
in
Full

Louisa Hall.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Catonsville^{County} Balto

Date of death 1905

Month Mar

Day 29

Age

Years 5

Months 6

Days 28

Sex Female

Color or Race

C

Birth-place

Balto Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Caleb Hall

Father's Birthplace

Balto Md

Mother's Maiden Name

Nettie Curry

Mother's Birthplace

Va

Name of person giving information

Nicholas Gibson 61

How related to deceased

Uncle

CAUSES OF DEATH

Primary

Chronic Left meningitis (Cerebral Exhaustion)

How long

3 1/2 months

Immediate

How long

—

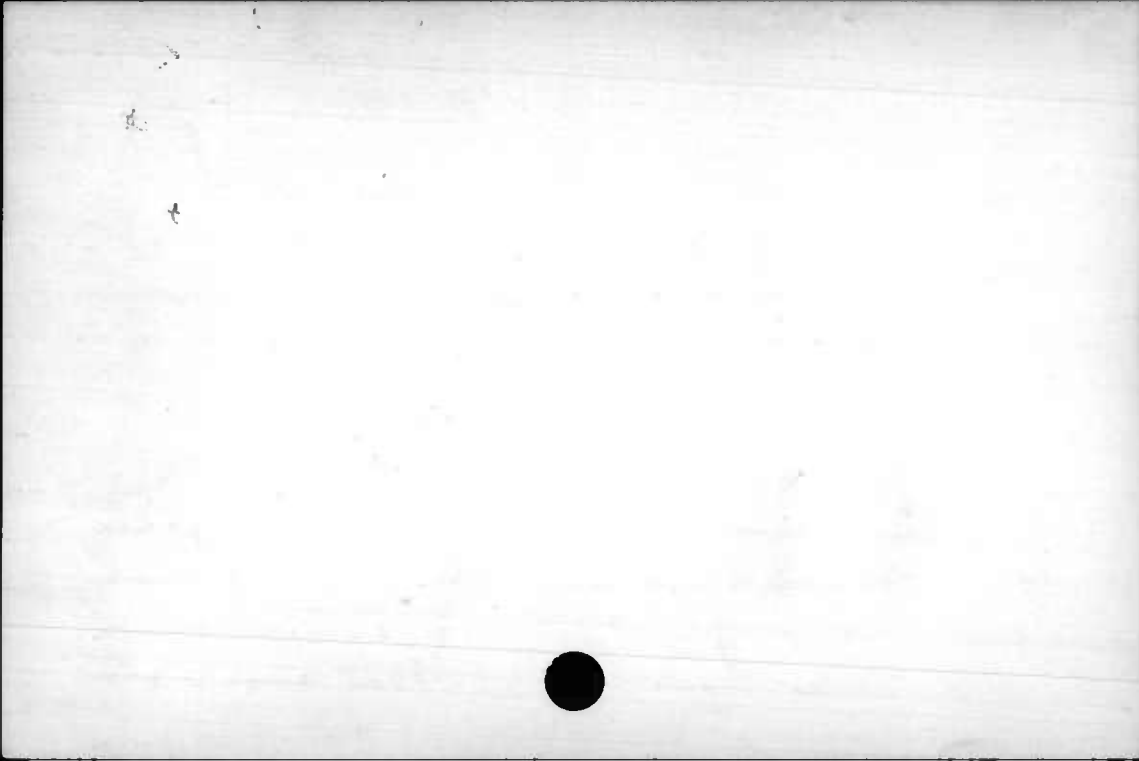
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

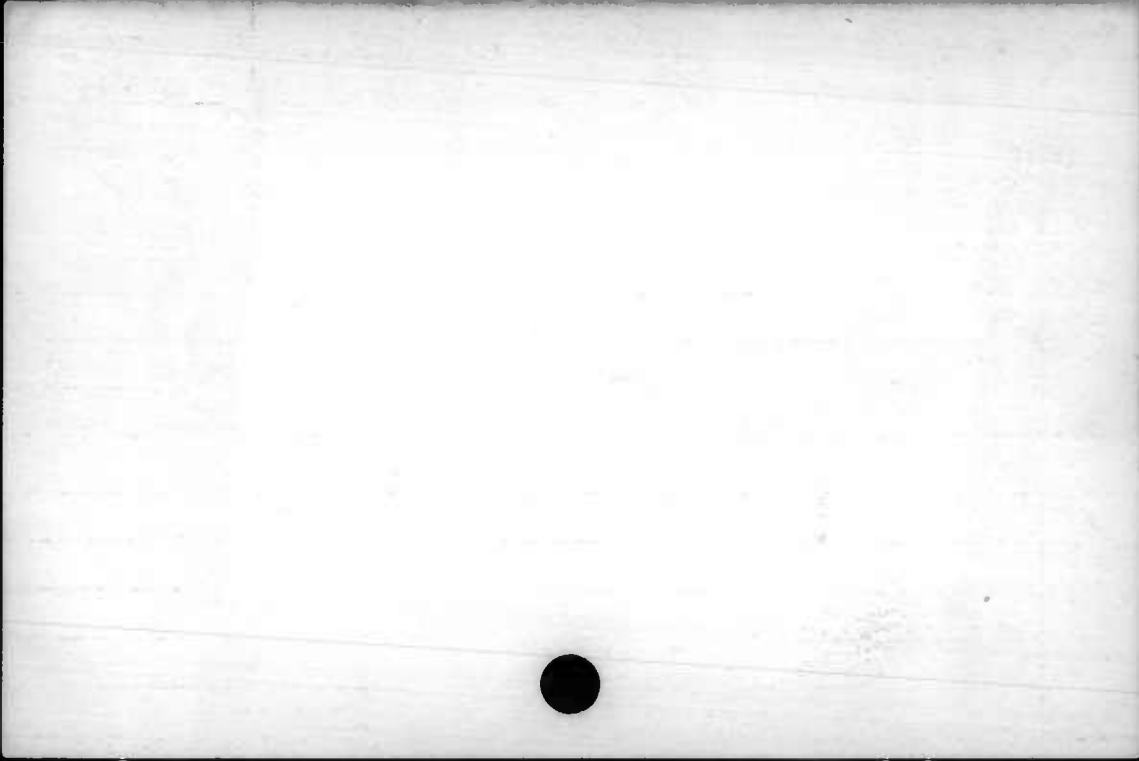
Address

Dr. H. Maufeldt
Catonsville, Md

Accident or Suicide?



Name in Full		George Elsworth Hallouay				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Gorham Mills		County		BALTIMORE	
	Date of death		1905		Age		56	
	Month		March		Day		18	
	Sex		Male		Color or Race		White	
	Occupation		Farmer		Where Residing if not at place of death		Maryland	
	Married, Single or Widowed		Married		Name of Wife or Husband		Ella V. Shook	
PHYSICIAN OR CORONER	Father's Name		Wm. Hallouay		Father's Birthplace		Maryland	
	Mother's Maiden Name		Annie Walstrum		Mother's Birthplace			
	Name of person giving information		Herbert Hallouay		How related to deceased		Son.	
	CAUSES OF DEATH							29
	Primary		Intestinal Tuberculosis			How long		
Immediate		Cardiac Asthenia			How long		1 day	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. Millard Perkins		
Accident or Suicide?				Address		Shane, Md.		



Name
in
Full

CERTIFICATE OF DEATH

Mary E. Hubbard

Town

County

Died at

Fiddletown

Baltimore

MARYLAND

Date

of death 1905

Month

mch.

Day

4th

Age

Years

54

Months

8

Days

14

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of deathMarried, ~~Single~~
~~Widow~~

Married

Name of Wife or
Husband

C. F. Hubbard

Father's
Name

Geo. Hughes

Father's
Birthplace

Md.

Mother's
Maiden Name

Ellen Fishpaw

Mother's
Birthplace

Md.

Name of person giving
Information

J. M. Fishpaw

How related
to deceased42
Second Cousin

CAUSES OF DEATH

Primary

Carcinoma of Uterus

How long

2 years

Immediate

Hemorrhage from Uterus

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

R. C. Smith

Address

Woodburn Sta. Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Not alive Cem

Joe Brook

Name
in
Full

CERTIFICATE OF DEATH

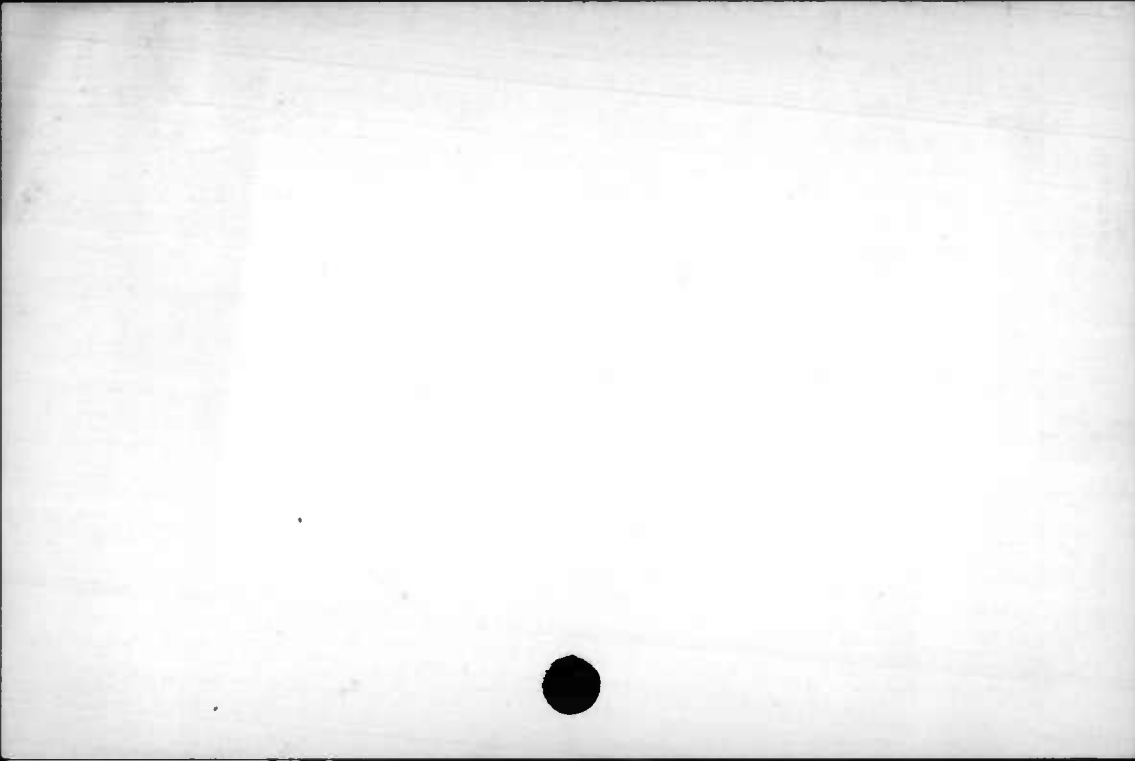
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Miss Mary Hannigan</i>		Town <i>St. Agnes' Hosp.</i>		County <i>Balto.</i>		MAYLAND	
Died at <i>St. Agnes' Hosp.</i>		Month <i>March</i>		Day <i>21</i>		Age <i>58</i>	
Date of death <i>190</i>		Months		Years		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Mass.</i>			
Occupation <i>Nurse</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pyelonephritis</i>	How long
Immediate <i>Gonorrhea</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Mara M.D.</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Jennie Harris*
Town *Cowen*

County

Balto. Co.

MARYLAND

Died at

Date

of death *1905*

Month

3

Day

16

Age

Years

8

Months

Days

Sex

Occupation

*female**Schoolgirl*Color or
Race*(Col)*Birth-
place*Wid*Where Residing if not
at place of death*Cowen*Married, Single
or WidowedMarried, Widowed
or DivorcedFather's
Name*Henry Harris*Father's
Birthplace*Wid*Mother's
Maiden Name*Jennie Peyton*Mother's
Birthplace*Va*Name of person giving
information*Berly Harris*How related
to deceased*Cousin*

CAUSES OF DEATH

Primary

General Tuberculosis

How long

14 Months

Immediate

Cardiac Asthma

How long

*2 1/2 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*J. Peyton Dues W.D.
Cowen W.D.*

Accident or Suicide?

Robt Elliott

Rogers Avenue

Sandy Bottom Farm

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Balti Co Ashmun</i>		Town <i>Balti Co,</i>		County	
Date of death <i>1905</i>		Month <i>3</i>	Day <i>14</i>	Years <i>about 75</i>	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Laborm</i>		Where Residing if not at place of death <i>Balti Co Ashmun</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>27</i>	How long	<i>had it when</i>
Immediate	<i>Pulmonary Tuberculosis</i>	How long	<i>he came</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>D. Thos. C. Bussey</i>
		Address	<i>Texas</i>
			<i>Md.</i>
Accident or Suicide?			

To be buried at Lutheran Church
Chestnut Ridge, by
"Ensor & Price."

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Hempling* Town *St. Agnes' Hospital* County *Balto.* MARYLAND

Died at *St. Agnes' Hospital*

Date of death *1905* Month *Mar.* Day *22* Age *37* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Balto.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information _____ *27* ☒ How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Pulmonary Tuberculosis*

How long _____

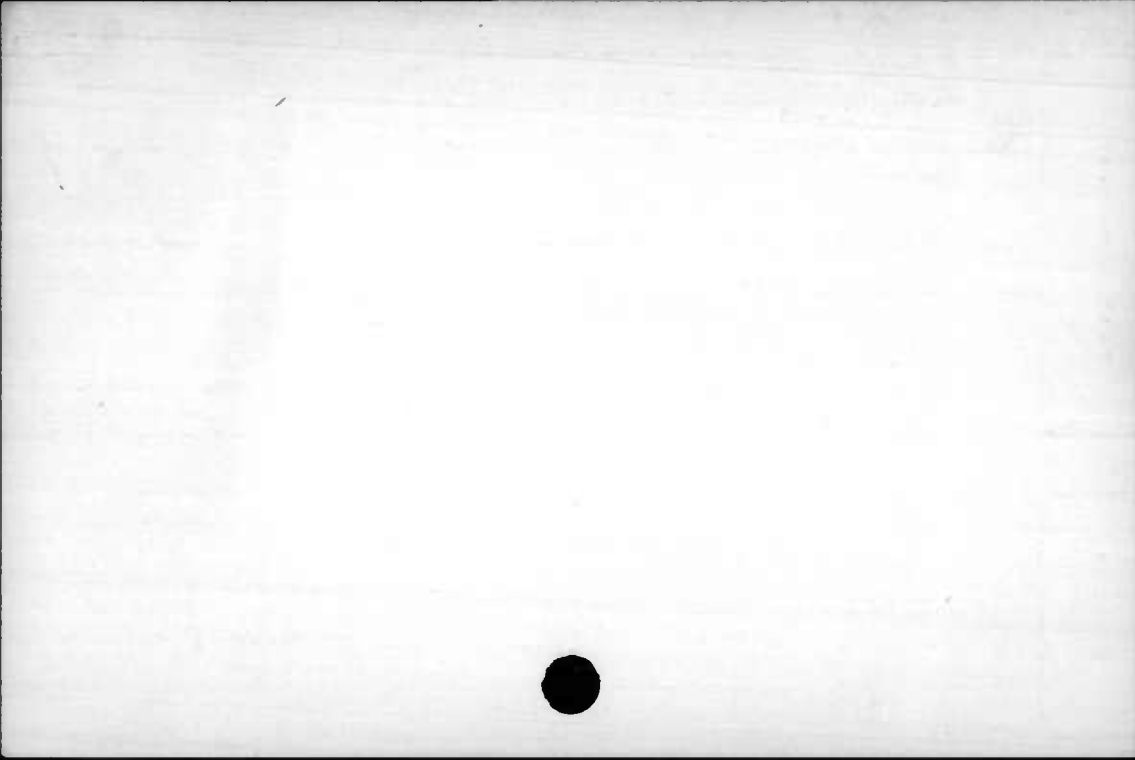
Immediate *Changestum*

How long _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. P. Mara M.D.*Address *St. Agnes Hospital*

Accident or Suicide?



CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

Died at *Hessella* ^{Town}

County
Ball

MARYLAND

Date of death 1905	Month Mar
-----------------------	--------------

Day	Years
11	67

Months	Days
--------	------

Sex *Male*

Color or Race *C.*

Birth-place *Ind*

Occupation
Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or Husband

Sarah Henderson

Father's
Name

Father's Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving
information

Caleb Hall

How related to deceased *Son in Law*

CAUSES OF DEATH

Primary

Levite Sangren

How long

3 months

Immediate

Exhaustion

How long

—Y—

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

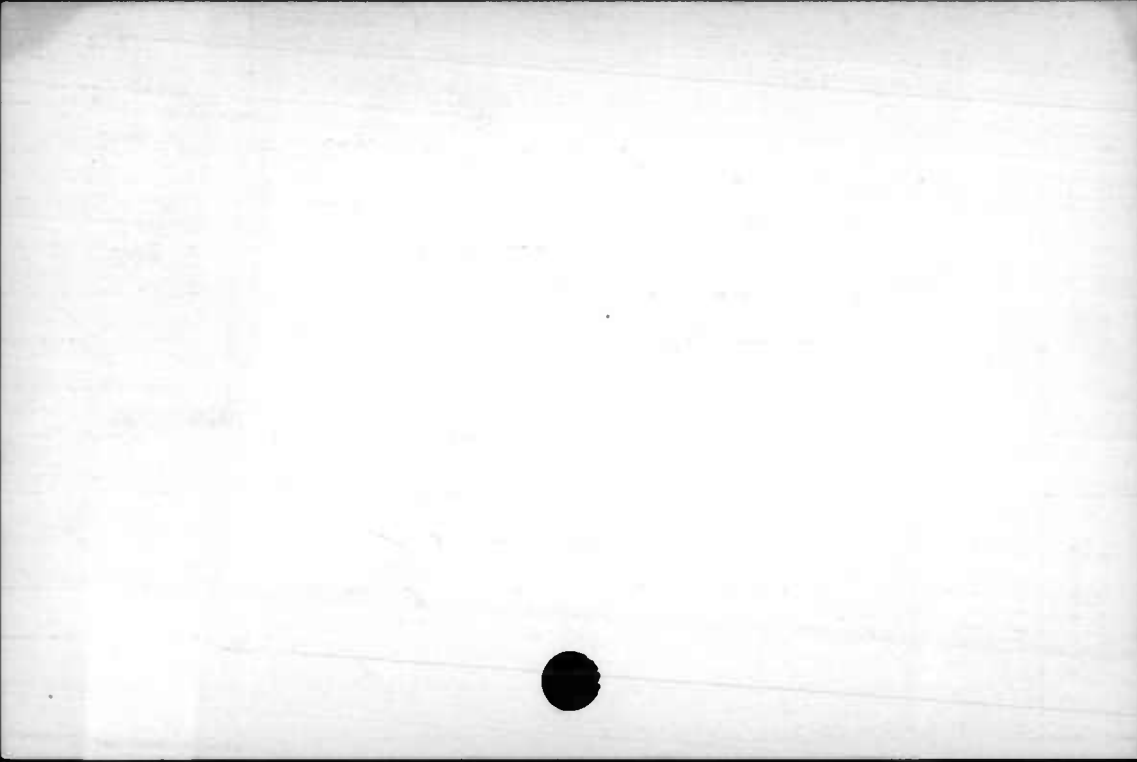
of Robert M. Kaufeldt
address

Address

Colomineas and

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Katherine Hesse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highlandtown		County Balto.		State MARYLAND	
Date of death	1905	Month 3	Day 9	Age 27	Years 5	Months 4	Days 4
Sex	Female		Color or Race	White		Birth-place	Balto.
Occupation	House wife			Where Residing if not at place of death #236 Mt. Pleasant Ave.			
Married, Single or Widowed	Married		Name of Wife or Husband	Wm. Hesse			
Father's Name	<i>Wm. Hesse</i>					Father's Birthplace	<i>Wm. Hesse</i>
Mother's Maiden Name	<i>Wm. Hesse</i>					Mother's Birthplace	<i>Wm. Hesse</i>
Name of person giving information	Wm. Hesse					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dehydration of tubes of Ovary</i>		How long	<i>4 weeks</i>
Immediate	<i>Dehydration</i>		How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
<i>y40</i>		<i>J. Schickel</i>	<i>1400 Federal St.</i>	
Accident or Suicide?				

Mr Carmel. Lem.
Herwig & Son
200 St Orleans
3/12/05

Name
in
Full

Susie Hilgaertner

CERTIFICATE OF DEATH

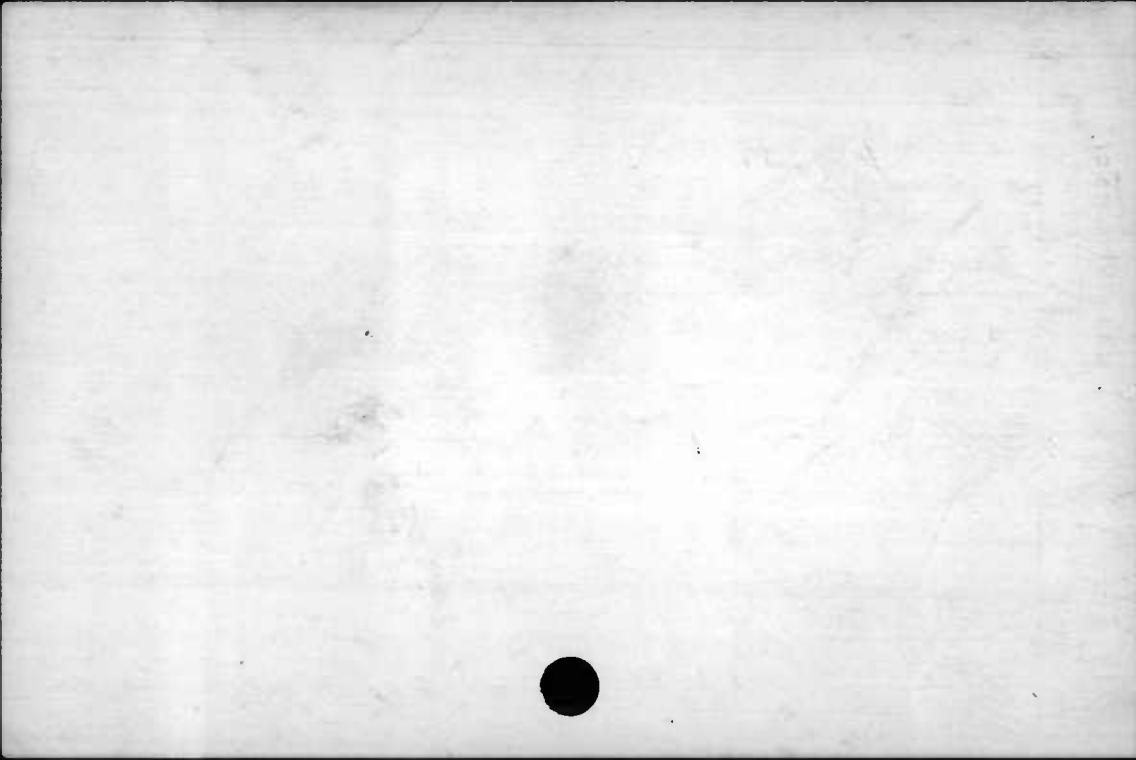
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sunnybrook</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>March</i>	Day <i>23</i>	Years <i>37</i>	Months <i>5</i>	Days <i>14</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Co. Ind</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death _____				
Married, Single or Widowed <i>Married</i>	Name of Husband <i>Louis J. Hilgaertner</i>						
Father's Name <i>Joseph Meyers</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Fyanna Mamma</i>	Mother's Birthplace <i>Pa</i>						
Name of person giving information <i>Louis Hilgaertner</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>Three years</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>J. W. Schenck</i>
	Address <i>Esittinga</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Emily C. Horvitz

CERTIFICATE OF DEATH

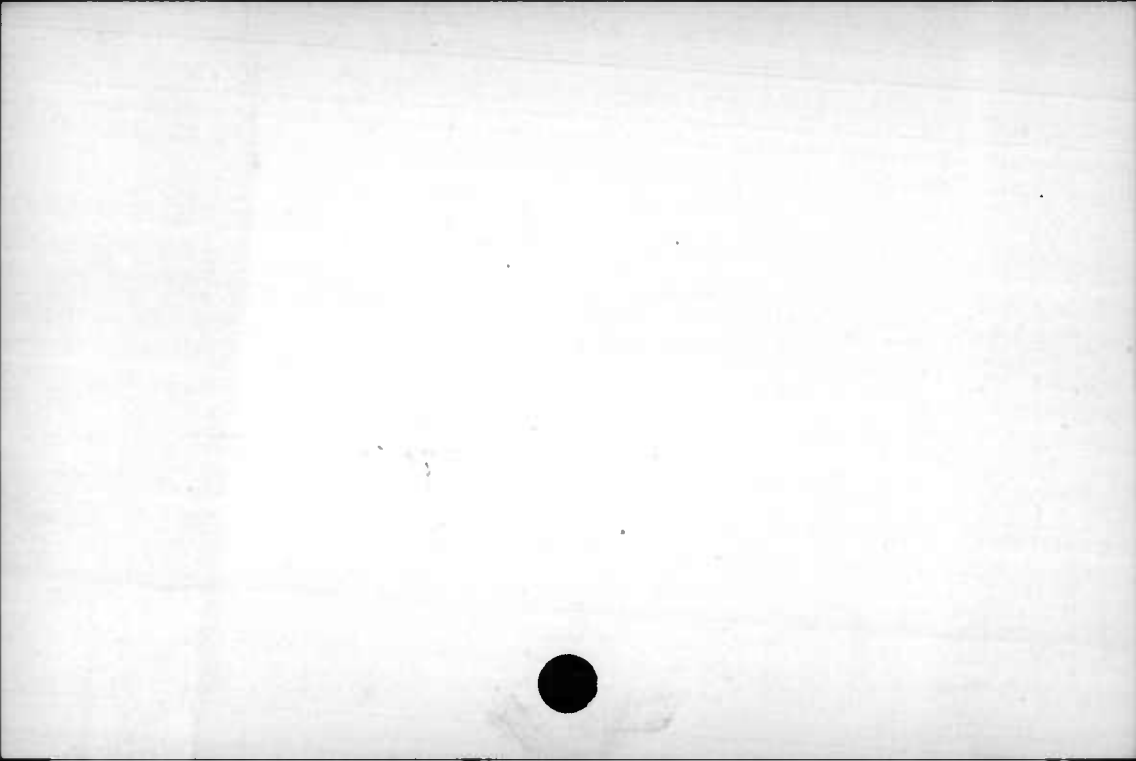
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt Hope Retreat</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Wch 10th</i>	Day <i>10th</i>	Years <i>Age 59</i>	Months <i>unknown</i>	Days <i>unknown</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Wife of Shoemaker</i>			Where Residing if not at place of death <i>Chamberburg Pa -</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>unknown</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>"</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Reeds Wt Hope</i>			How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Melancholia</i>	<i>93</i> ✓	How long <i>abt 1 year</i>
Immediate <i>Pul. Abscess & Pneumonia</i>		How long <i>4 or 5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>	Address <i>Wt Hope Retreat</i>
		<i>Baltimore Md.</i>
Accident or Suicide? <i></i>		



Name
in
Full

CERTIFICATE OF DEATH

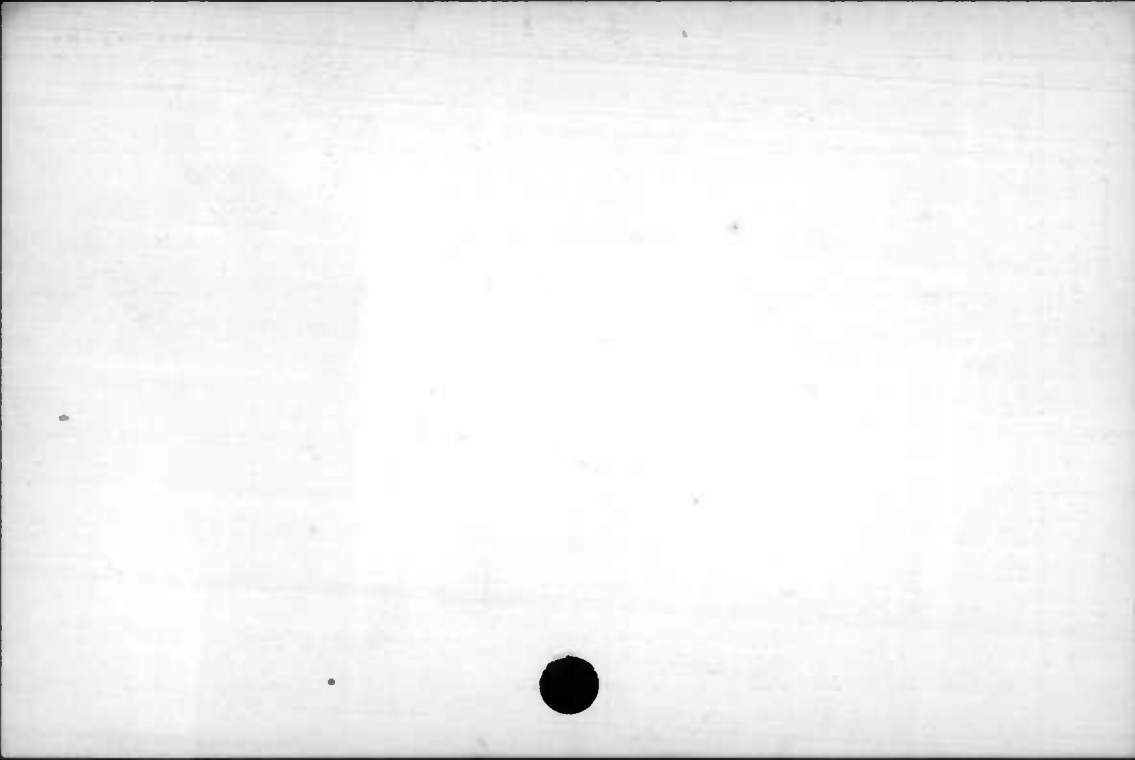
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Hospital</i>		Town	County <i>Balto.</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>March</i>	Day <i>2</i>	Age <i>37</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto.</i>			
Occupation <i>None</i>			Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband			
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Exanthema</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. T. Moran M.D.</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name
in
Full

Baby Johnson

CERTIFICATE OF DEATH

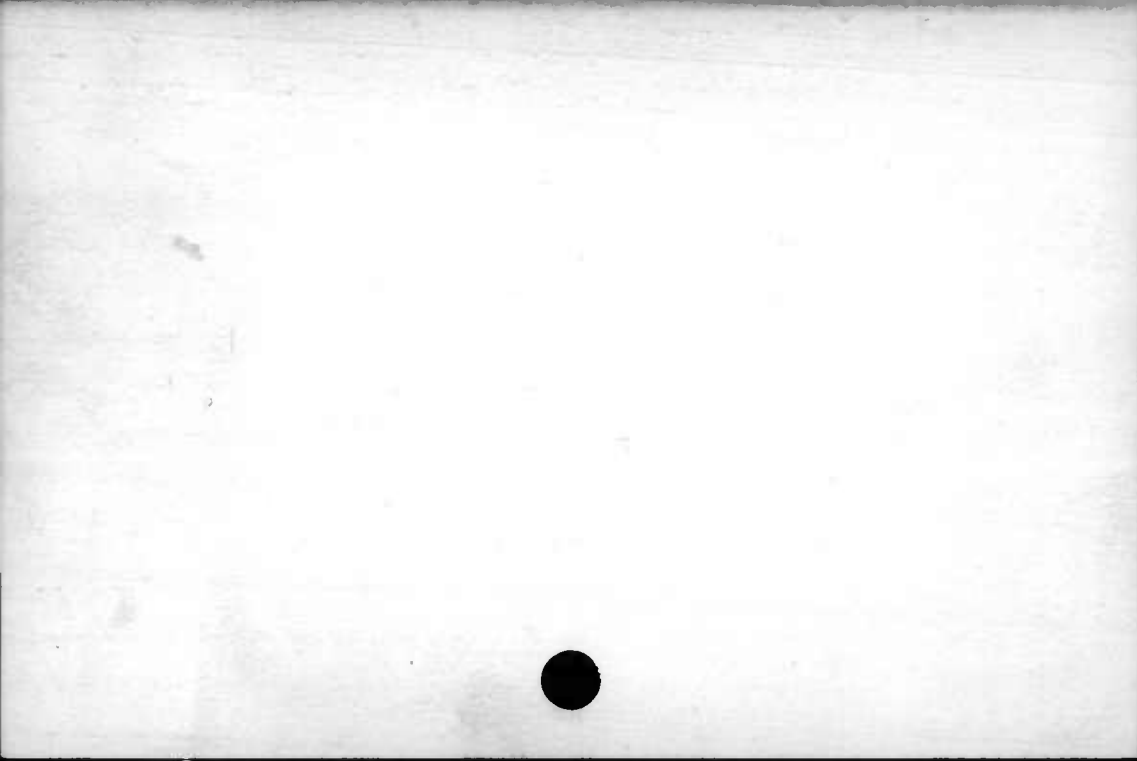
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Catonsville		Baltimore		MARYLAND	
Date of death		1905		Age		Months	
Month		March		Day		22	
Sex		female		Color or Race		white	
Occupation				Birth-place		Catonsville	
Where Residing If not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John I Johnson		Father's Birthplace		Md	
Mother's Maiden Name		Ella Meighoff		Mother's Birthplace		Md	
Name of person giving information		mother		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Born dead.	How long	S.
Immediate	Still Born.	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Marshall B West
		Address	Catonsville Md.
Accident or Suicide?			



Name
in
Full1725
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Franklinville</i> ^{Town}		<i>Balto.</i> ^{County} <i>Co.</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>March</i>	Day <i>23</i>	Age <i>81</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Vermont</i>		
Occupation <i>Iron Worker</i>			Where Residing if not at place of death <i>Franklinville</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Sarah Elizabeth</i>			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information <i>Chas. E. Wells</i>				How related to deceased <i>daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>10 weeks</i>
Immediate <i>Heart failure</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Charles Bagley M.D.</i>
	Address <i>Bagley, Harford Co., Md.</i>
Accident or Suicide? <i>Neither</i>	<i>None</i>

Intermet Mountain
Christian Church
Mch 25th

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Jennie M. Keller
Reisterstown ^{Town}

Baltimore ^{County}

MARYLAND

Date

of death

1905

Mar ^{Month}

12 ^{Day}

Age

37 ^{Years}

0 ^{Months}

0 ^{Days}

Sex

Female

Color or
Race

white

Birth-
place

Batts.co. Md

Occupation

House wife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Arthur S. Keller

Father's
Name

George S. Huggins

Father's
Birthplace

Batts.co Md

Mother's
Maiden Name

Jessie Yingling

Mother's
Birthplace

" " "

Name of person giving
Information

Arthur S. Keller

How related
to deceased

Husband.

CAUSES OF DEATH

Primary

Pneumonia Brite

How long

Two weeks

Immediate

Septicemia

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

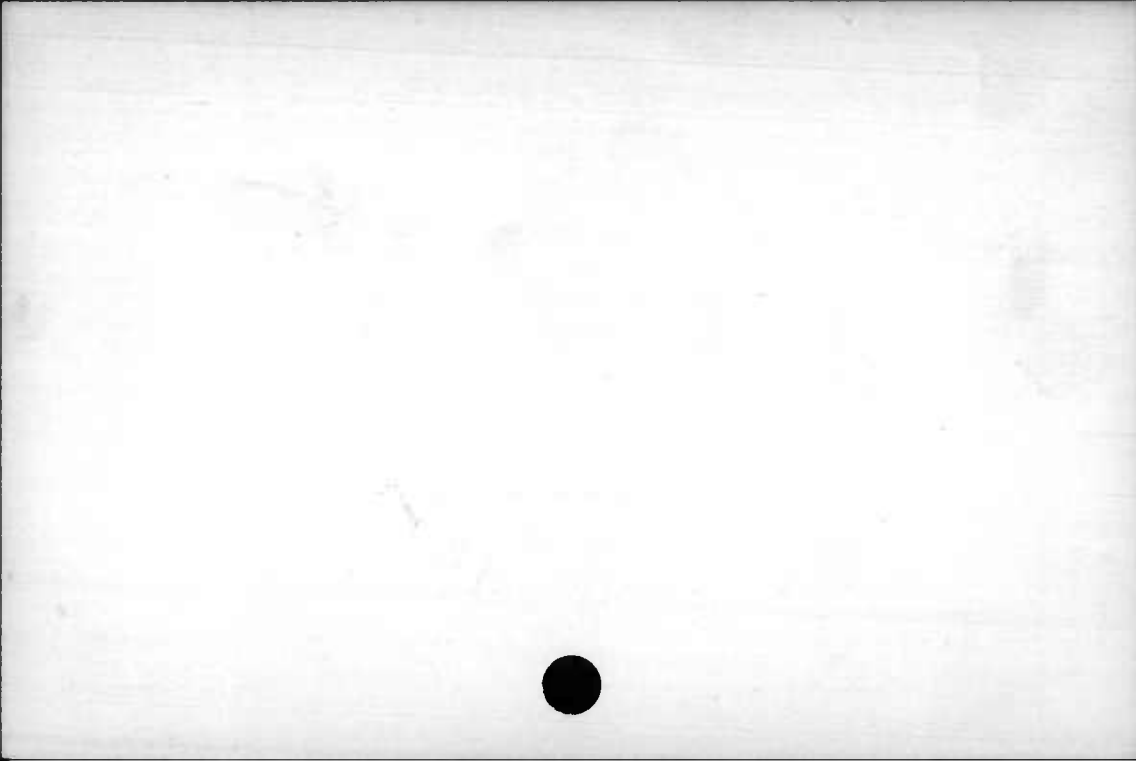
Signature of
Physician

A. M. Sander

Address

Reisterstown

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John F. Keller</i>		Town <i>Gorantown</i>		County <i>Baltimore</i>		MARYLAND									
Died at		Date of death 190 <i>5</i>		Month <i>Mar</i>		Day <i>1</i>		Age <i>68</i>		Years		Months <i>3</i>		Days	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>Baltimore</i>											
Married, Single or Widowed		Occupation <i>Justice of the Peace</i>													
Name of Wife or Husband <i>Louisa R. Gray</i>															
Father's Name <i>Andrew J. Keller</i>		Father's Birthplace <i>Baltimore</i>													
Mother's Maiden Name <i>Margaret Retassell</i>		Mother's Birthplace <i>Germany</i>													
Name of person giving In formation <i>Louisa R. Keller</i>		How related to deceased <i>wife</i>													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Erysipelas</i>		How long <i>one week</i>	
Immediate <i>Heart failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. H. Duncan</i>	
		Address <i>Gorantown Md</i>	
Accident or Suicide?			

George Schelling.

London Park.

Name
in
Full

Violet Kerr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Bentley's Springs^{County} BoltoDate
of death 190

Month

3

Day

9

Age

Years

84

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

near Bentley's

Occupation

House wife

Where Residing if not
at place of death

near Bentley's

Married, Single
or Widowed

Married

Name of Wife or
Husband

Daniel Kerr

Father's
Name

John Whetley

Father's
Birthplace

Don't know

Mother's
Maiden Name

Don't know

Mother's
Birthplace

— —

Name of person giving
Information

W. J. Kerr

How related
to deceased

Brother-in-law

CAUSES OF DEATH

Primary

slab 95

64 ✓

How long

12 days

Immediate

Capillary Bronchitis - apoplexy

How long

" "

Are the name, age, sex, color, date
and place correctly given above?Yes as
knownSignature of
Physician

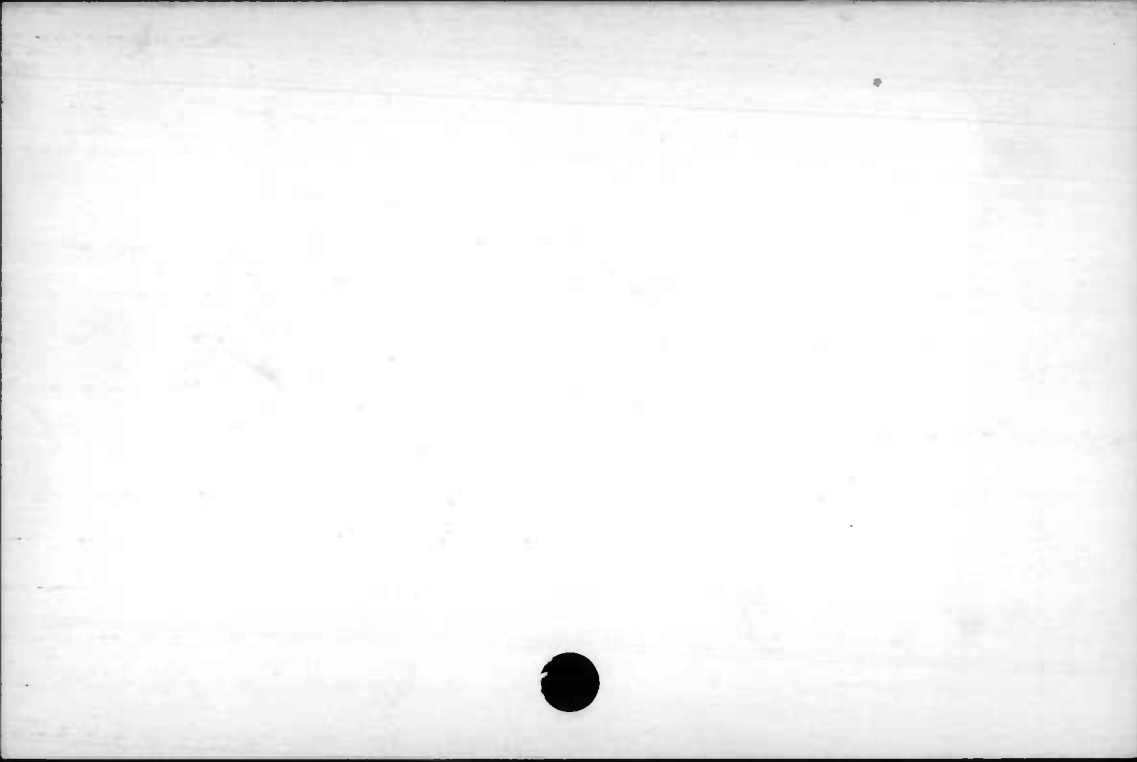
C. H. Gerry

Address

Shrewsbury Pa.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mary J. Kirk

Town

County

MARYLAND

Died at Ireland

Baltimore

Date

Month

Day

Years

Months

Days

of death 1905 March

28

Age 91 -

-

20

Sex

Female

Color or
Race

White

Birth-
place

Ireland

~~Married Single~~

Widowed

Widow

Occupation

Name of Wife or
Husband

Robert Kirk

Father's
Name

David Johnston

Father's
Birthplace

Ireland

Mother's
Maiden Name

Jennifer Kilpatrick

Mother's
Birthplace

Ireland

Name of person giving
Information

David Kirk

How related
to deceased

Son

CAUSES OF DEATH

Primary

How long

Immediate

Old age -

How long

154 1/2

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Understand, no physician in attendance.

R. M. Trabue

Accident or Suicide?

✓

Address, Ireland Ind.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

Henry Stoch				CERTIFICATE OF DEATH			
Tcwn <i>Towson</i>				County <i>Balto.</i>			
Died at						MARYLAND	
Date of death		1906	Month 3	Day 10	Age 63	Months 1	Days 2
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Blacksmith</i>		Where Residing if not at place of death <i>Towson</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Stoch</i>					
Father's Name <i>Peter Stoch</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Annie Betz</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Henry S Stoch</i>		How related to deceased <i>Son.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Lobar Pneumonia</i>	How long	<i>5 days</i>
Immediate	<i>Cardiac depression</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. L. Massenburg</i>	
		Address <i>Towson</i>	
Accident or Suicide?			

John Burris Dow
Granston Cemetery

Name
in
Full

Andrew Kacyan


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brook Hill</i> <small>Town</small>		<i>Balt. Co.</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>Mar</i> <small>Month</small>	<i>28</i> <small>Day</small>	Age <i>61</i> <small>Years</small>	<i>61</i> <small>Months</small>	<i>0</i> <small>Days</small>
Sex <i>Male</i>	Color or race <i>White</i>	Birth-place <i>Poland</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Helen Kacyan</i>				
Father's Name <i>Not known</i>	Father's Birthplace <i>Galicia</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Galicia</i>				
Name of person giving information <i>Jan Kacyan</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>about 2 mos</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>-</i>	Signature of Physician <i>C. W. Hickey</i>
	Address 
Accident or Suicide?	

St Stanislaus Cemetery
Jacob Fialkowski

Name
in
Full

John T. Kremer

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} *Wilmington, Delaware* ^{County} *Delaware*Date of death ^{Month} *March* ^{Day} *1* ^{Years} *68* ^{Months} *0* ^{Days} *0*Sex *Male* Color or Race *White* Birth-place *Delaware*Occupation *Stationer* Where Residing if not at place of death *-*Married, Single or Widowed *Married* Name of Wife or Husband *-*Father's Name *James Kremer* Father's Birthplace *Delaware Md*Mother's Maiden Name *-* Mother's Birthplace *Delaware Md*Name of person giving information *Mr. John Menges* How related to deceased *-*

CAUSES OF DEATH

Primary *La Grippe* How long *6 days*Immediate *Acute Nephritis* How long *2 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *W. S. G. Perry M.D.*Address *1731 E. Dand St
Dand Md*Accident or Suicide? *No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Wm Cook

102 E. North Ave

Greenmount

Cemetery

Name
in
Full

Mary A Lindsay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 190		5		March		Saturday	
Age		fortyseven		Months		Days	
Sex		female		Color or Race		white	
Married, Single or Widowed		single		Occupation		House Keeper	
Name of Wife or Husband							
Father's Name				Father's Birthplace			
John Lindsay				island			
Mother's Maiden Name				Mother's Birthplace			
Catharine Galaker				island			
Name of person giving information				How related to deceased			
William Lindsay				Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	27	Months
Immediate	Dilatation of Heart	How long		
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		B. T. Bussery		
Address		Lynch Md.		
Accident or Suicide?				

St Joseph Cemetery
Texas

Henry W Means & sons

Name
in
Full

Edward H. McCauley

CERTIFICATE OF DEATH

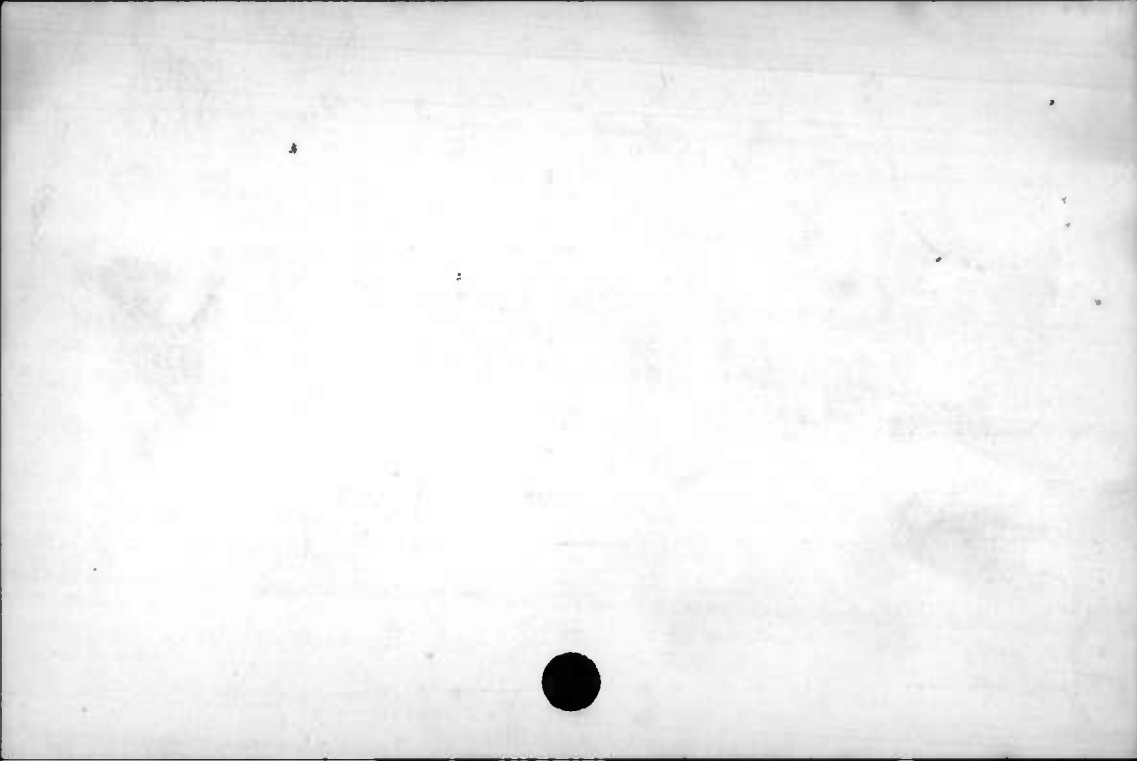
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Annis</i> ^{Town}		<i>Balt.</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>March</i> ^{Month}	<i>6</i> ^{Day}	Age <i>42</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Ed. H. McCauley</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Ed. S. Addison</i>			How related to deceased <i>Brother in Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>166</i> ^{How long}
Immediate	<i>Rail Road Accident</i> ^{How long}
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>Robert C. Clarke J.P.</i> <i>(Coroner.)</i>
<i>—</i>	Address <i>St Annis</i> <i>Balt. Co. Md.</i>
Accident or Suicide? <i>—</i>	



in
Full

Wm J. Mc Dermott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} West ^{County} Arlington BaltoDate of death 1905 ^{Month} March ^{Day} 18th ^{Years} 44 ^{Months} 7 ^{Days} 5Sex Male ^{Color or Race} White ^{Birth-place} BaltoOccupation Metal Worker ^{Where Residing if not at place of death}Married, Single or Widowed Married ^{Name of Wife or Husband} Estella A Mc DermottFather's Name Chas Mc Dermott ^{Father's Birthplace} BaltoMother's Maiden Name Harriet Messick ^{Mother's Birthplace} BaltoName of person giving information Estella A Mc Dermott ^{How related to deceased} Wife

CAUSES OF DEATH

Primary Tuberculosis Pulmonalis ^{How long} 6-12Immediate Influenza ^{How long} 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

P. E. Lilly
2001 Brunswick St

Accident or Suicide?

Henry Lutz

Indertaker

1007 N. Bond st

Name
in
Full

CERTIFICATE OF DEATH

Sarah McGreevey

Town

County

Died at

Govanstown

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

March

15

Age

48

Sex

Female

Color or
Race

White

Birth-
place

Ireland

Occupation

Where Residing if not
at place of death

Glenwood Ave

Married, Single
or WidowedName of Wife or
Husband

Owen McGreevey

Father's
Name

Thomas Swanson

Father's
Birthplace

Ireland

Mother's
Maiden Name

Sarah Murphy

Mother's
Birthplace

Ireland

Name of person giving
information

Owen McGreevey

How related
to deceased

Husband

CAUSES OF DEATH

Primary

a little congestion
of Brain

How long

12 days

Immediate

6x

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John Dawson MD
Govanstown

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

St Mary cemetery

Martin Fahy & Sons

Name
in
Full

Laura Madden

CERTIFICATE OF DEATH

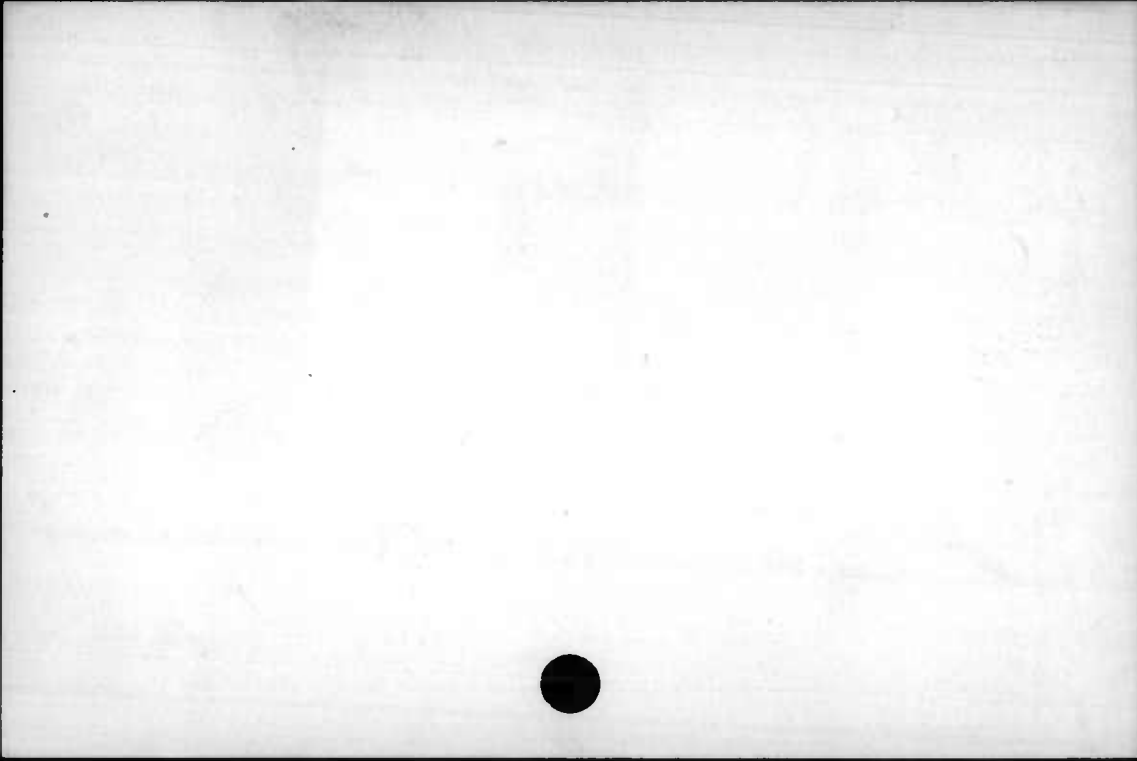
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>St-George</i>		County <i>Baltimore</i>		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190	<i>5</i>	<i>March</i>	<i>19</i>	<i>65</i>	<i>-</i>	<i>-</i>	
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Md</i>
Married, Single or Widowed	<i>Married</i>			Occupation			<i>House Wife</i>
Name of Wife or Husband				<i>Amos Madden</i>			
Father's Name				Father's Birthplace			
				<i>-</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Harriette Brown</i>				<i>Md</i>			
Name of person giving information				How related to deceased			
<i>Malvina Thomas</i>				<i>daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis pulmonalis</i>	How long	<i>Two years</i>
Immediate	<i>Exhaustion</i>	How long	<i>22</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>James Gore M.D.</i>	
		Address	
		<i>Reisterstown</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Sheppard Enoch Pratt Hospital, Baltimore*

Town

County

Date

Month

Day

Years

Months

Days

of death

1905

March

16.

Age

56

Sex

Male

Color or
Race

White

Birth-
place

Conn.

Occupation

Merchant

Where Residing if not
at place of death~~Married~~, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Diabetes

How long

2 years

Immediate

Paralytic Convulsions

How long

10 hours.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Charles M. Franklin

Address

Sheppard Enoch Pratt Hospital
Jowson, Md.

Accident or Suicide?

E. Madeline Mitchell

Greenmount Cemetery

Name
in
Full

Elizabeth G. Mast

170
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Long Green* ^{Town}*Baltimore* ^{County}Date of death *1905* ^{Month} *March**22* ^{Day}*82* ^{Years}*7* ^{Months}*—* ^{Days}Sex *Female*Color or Race *White*Birth-place *Pa*Occupation *—*Where Residing if not
at place of death *—*Married, Single or Widowed *Widow*Name of ~~Wife~~ or Husband*Daniel Mast (deceased)*Father's Name *Jacob Gook*Father's Birthplace *Pa.*Mother's Maiden Name *Anna Summers*Mother's Birthplace *Pa.*Name of person giving information *Moses Haffinger*How related to deceased *Son in Law*

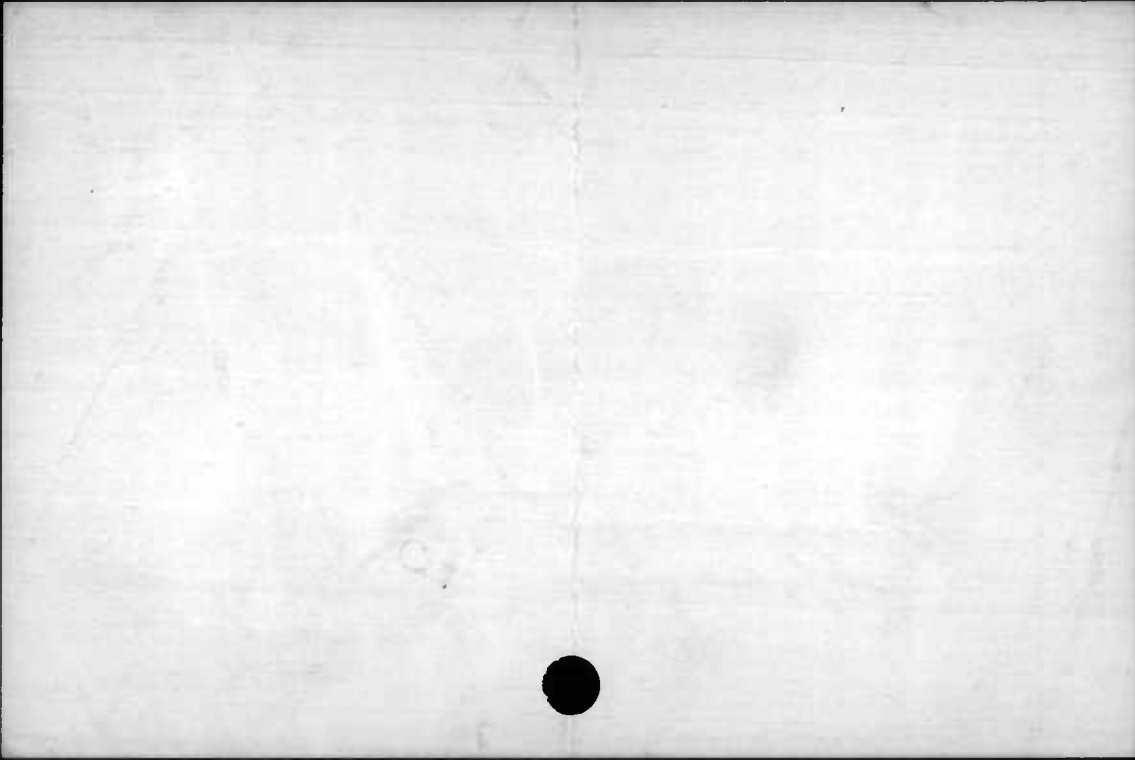
CAUSES OF DEATH

Primary *Cancer Stomach*How long *2 years*Immediate *" "*How long *" "*Are the name, age, sex, color, date and place correctly given above? *—*

Signature of Physician

Address

40
J. S. Screen
*Hittinger*Accident or ~~Swindle~~ *—*



Name

in
Full

arthur austin mathews

CERTIFICATE OF DEATH

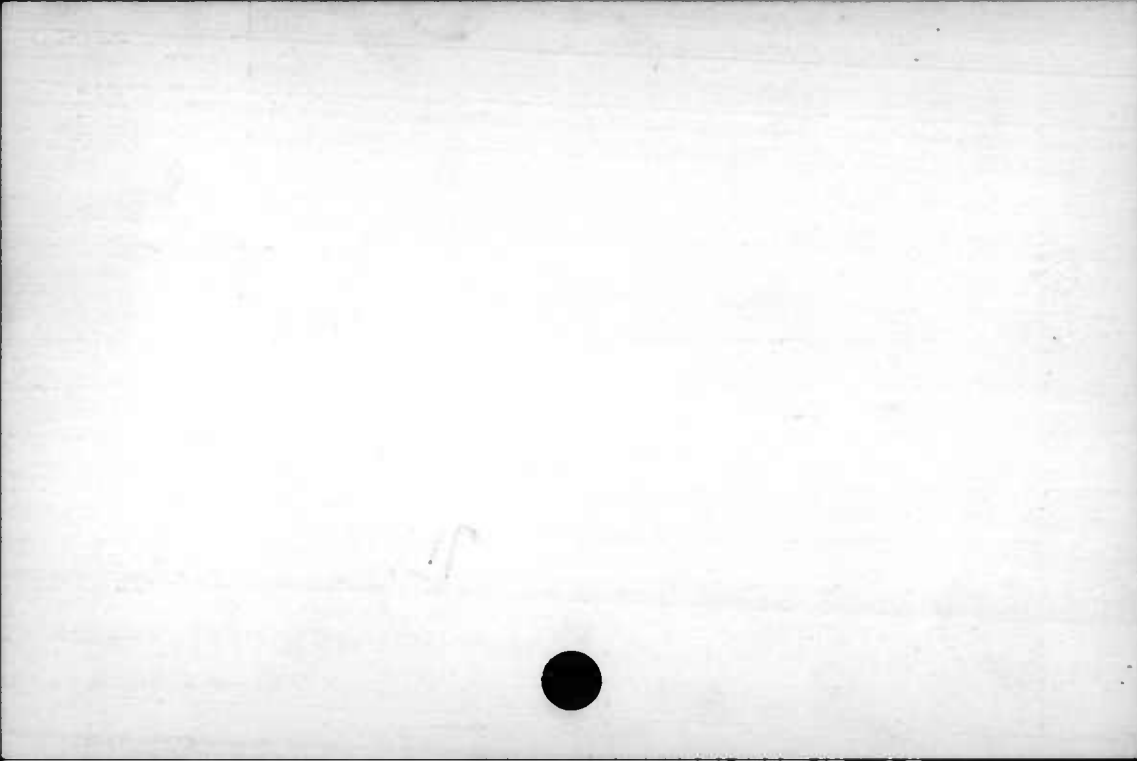
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rayville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i>	Month <i>3</i>	Day <i>7</i>	Age Years <i>1</i>	Months <i>5</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>Near Rayville</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband			
Father's Name <i>arthur g mathews</i>			Father's Birthplace <i>md.</i>		
Mother's Maiden Name <i>Elizabeth L. Bull</i>			Mother's Birthplace <i>md.</i>		
Name of person giving information <i>arthur g mathews</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Two weeks</i>
Immediate <i>Spasms</i>	How long <i>Three hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. B. Morris</i>
	Address <i>Parkton</i>
Accident or Suicide?	<i>md</i>



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Canton

County

Baltimore

MARYLAND

Date

of death 190

✓

Month

Mar

Day

15

Age

Years

Months

Days

Sex

Male

Color or Race

White

Birth-place

Ma

Married, Single or Widowed

Single

Occupation

None

Name of Wife or Husband

Father's Name

John H. Maygers

Father's Birthplace

Ma.

Mother's Maiden Name

May Bohle

Mother's Birthplace

Ma

Name of person giving information

John H. Maygers

How related to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

Inward Spasms

How long

1 Day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Mrs. M. Schoering

Address

504 Third St

Highlandtown

Accident or Suicide?

H. Sanders son
Trinity Cemetery.

Name
in
Full

CERTIFICATE OF DEATH

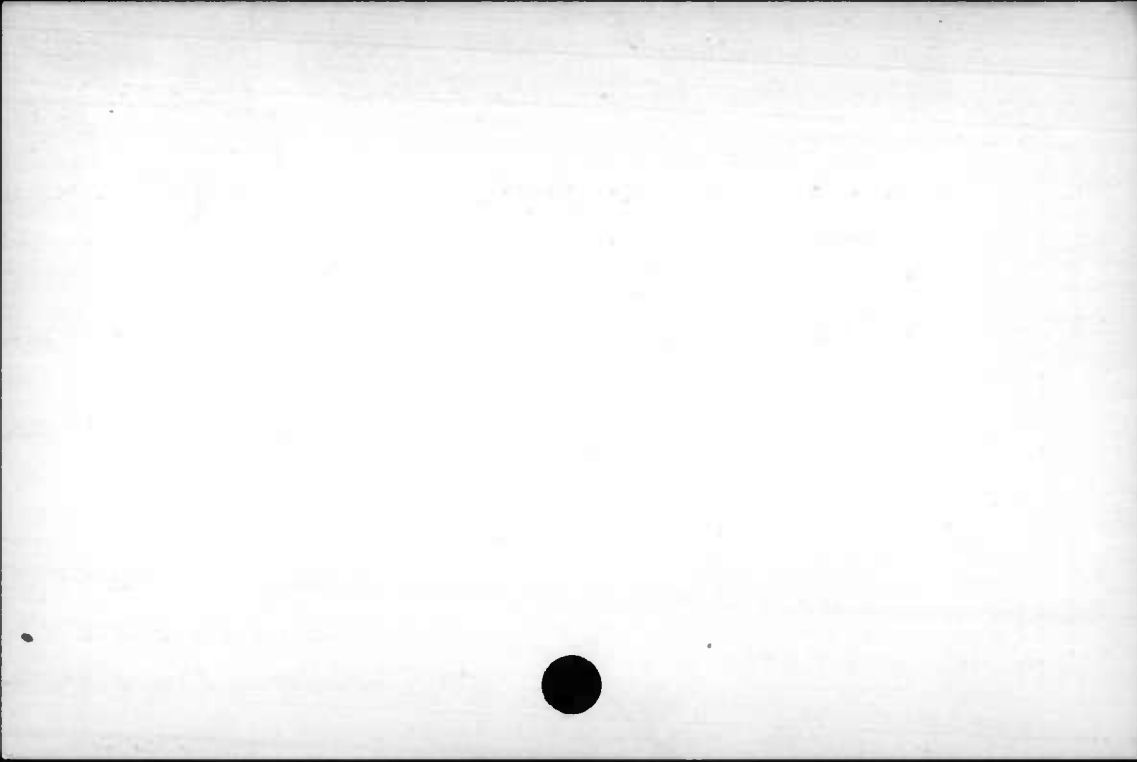
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burketstown</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1905</i>		Month <i>Mar</i>	Day <i>12</i>	Years <i>73</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Eastern shore</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>David W. Merriken</i>			
Father's Name <i>Joseph Sander</i>		Father's Birthplace <i>Eastern shore</i>			
Mother's Maiden Name <i>Allie Gibsons</i>		Mother's Birthplace <i>'' ''</i>			
Name of person giving information <i>David W. Merriken</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>about 2 years</i>
Immediate <i>Calculation Heart Disease</i>	How long <i>not known</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. White</i>
	Address <i>Lyndon, Ind.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Lititia Mcbrann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Hope Retriah		County Baltimore		MARYLAND	
Date of death		Month 1905	Day March	Years 3rd	Age 46		Months —
Sex Female		Color or Race White		Birth-place Baltimore			
Occupation Daughter of Physician				Where Residing if not at place of death Baltimore Md.			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Unknown				Father's Birthplace Unknown			
Mother's Maiden Name "				Mother's Birthplace "			
Name of person giving information Records of Mt Hope				How related to deceased Not at all.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic - manic thin & dementia		How long 23 yrs -
Immediate Ex - acute maniacal attack -		How long about 2 wks -
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Frank J. Flannery
Address Mt Hope Retriah Baltimore Co Md.		
Accident or Suicide? —		



Name
in
Full

Barbary Ellen Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Arlington</i>		^{County} <i>Balti.</i>		MARYLAND	
Date of death	1905	Month	<i>Oct</i>	Day	<i>19</i>
Age		Years		Months	Days
<i>61</i>					
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
		<i>Frederick Miller</i>			
Father's Name		<i>Henry Robust</i>		Father's Birthplace	
				<i>Ind</i>	
Mother's Maiden Name		<i>not know</i>		Mother's Birthplace	
Name of person giving information		<i>Frederick Miller</i>		How related to deceased	
				<i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis</i>	How long	<i>9 yrs.</i>
Immediate	<i>Pleurisy</i>	How long	<i>2 mos.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Dr. Morris Wiener</i>	
		Address	
		<i>1419 Lindero Avenue</i>	
Accident or Suicide?			

Woodlawn Cemetery

Jos B Cook

Name
in
Full

CERTIFICATE OF DEATH

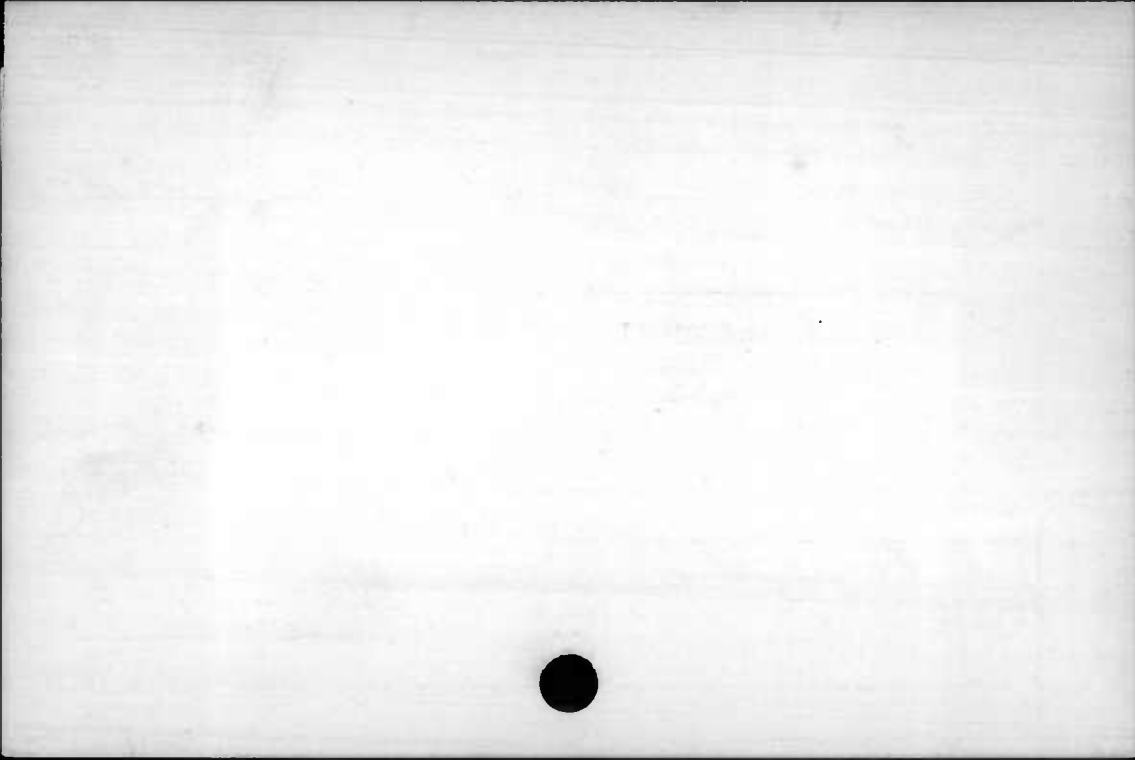
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Chas W. Miller</i>		County		STATE OF MARYLAND	
Died at <i>Baltimore</i>		Town			
Date of death <i>1905</i>		Month <i>5</i>	Day <i>29</i>	Years <i>47</i>	Months <i>4</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>	
Occupation <i>R. R. Conductor</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband			
Father's Name <i>Not Known</i>		Father's Birthplace			
Mother's Maiden Name <i>" "</i>		Mother's Birthplace			
Name of person giving information <i>Yes Sheets</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>93</i>	How long
Immediate	<i>Lobar Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. C. Coburn Jr</i>
		Address <i>Baltimore</i>
Accident or Suicide?		<i>Md.</i>



Name
in
Full

Henry H. Miller

CERTIFICATE OF DEATH

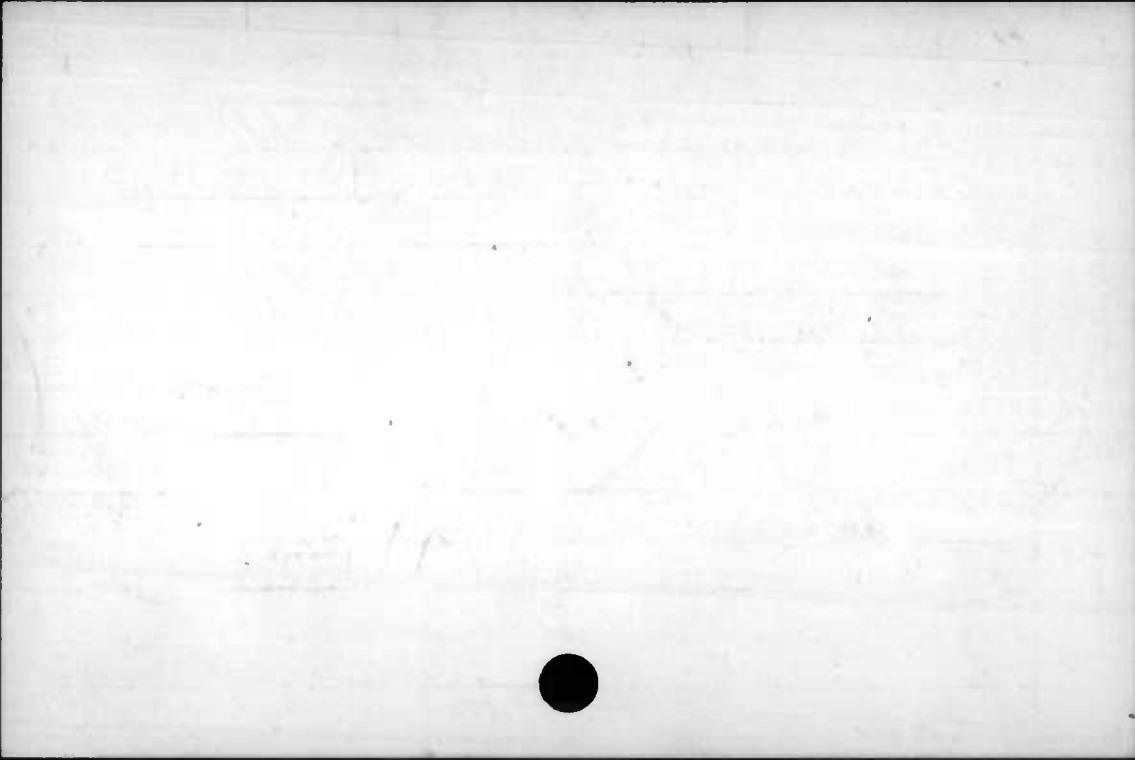
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>602 Maryland Ave.</i>		Town <i>Georgetown.</i>		County	
Date of death <i>1905 March 10</i>		Month <i>March</i>		Day <i>10</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Middlesex Co. Va</i>	
Occupation <i>Oysterman</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Henry H. Miller</i>			
Father's Name <i>John D. Miller</i>		Father's Birthplace <i>Middlesex Co. Va.</i>			
Mother's Maiden Name <i>Mary Munroe</i>		Mother's Birthplace <i>Middlesex Co. Va.</i>			
Name of person giving information <i>Henry H. Miller</i>		How related to deceased <i>Son.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>	How long <i>Five years</i>
Immediate <i>Endocarditis</i>	How long <i>Five weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Quovelly</i>
	Address <i>827 Fulton Ave. Balto. Md.</i>
Accident or Suicide?	



Name
in
Full

Harris E Moon

CERTIFICATE OF DEATH

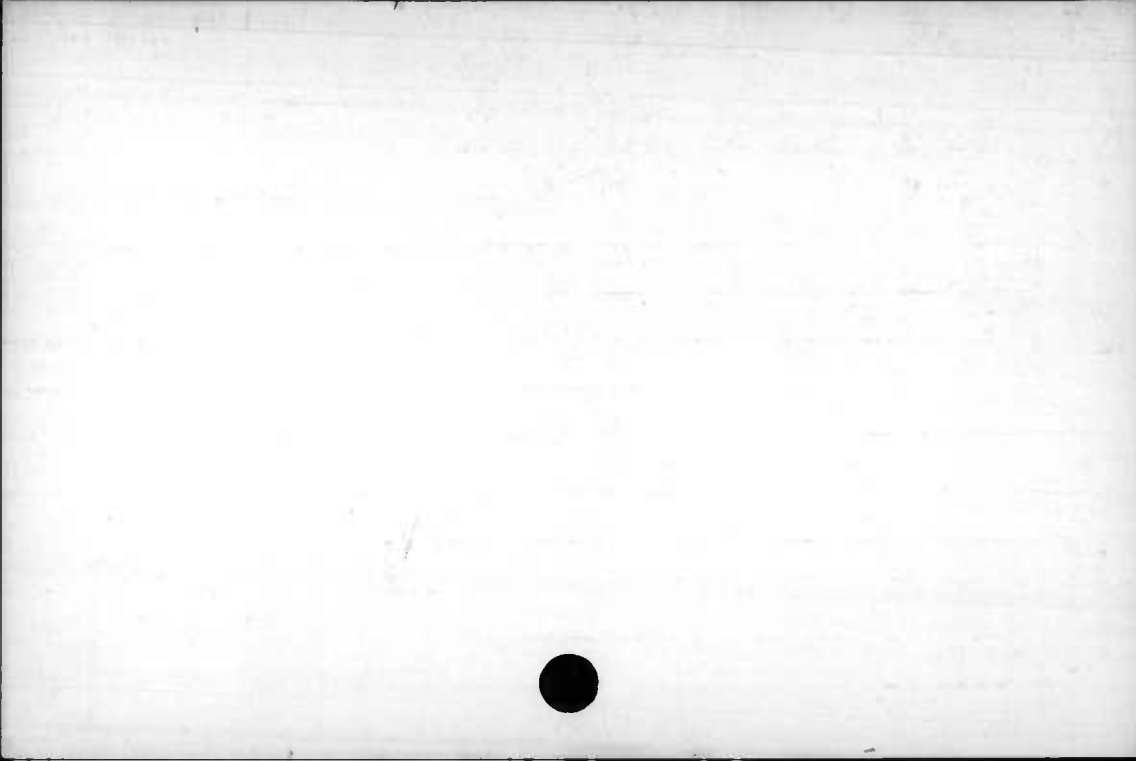
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Feb</i>	Day <i>20th</i>	Age <i>15</i>	Years	Months <i>Unknown</i>	Days <i>Unknown</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Occupation <i>none</i>			Where Residing if not at place of death <i>Baltimore</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>"</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Reeds Mt Hope Retreat</i>				How related to deceased <i>not at all</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>Life -</i>
Immediate <i>Ex. Status Epilepticus</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat Baltimore Md.</i>
Accident or Suicide?	



In Full

CERTIFICATE OF DEATH

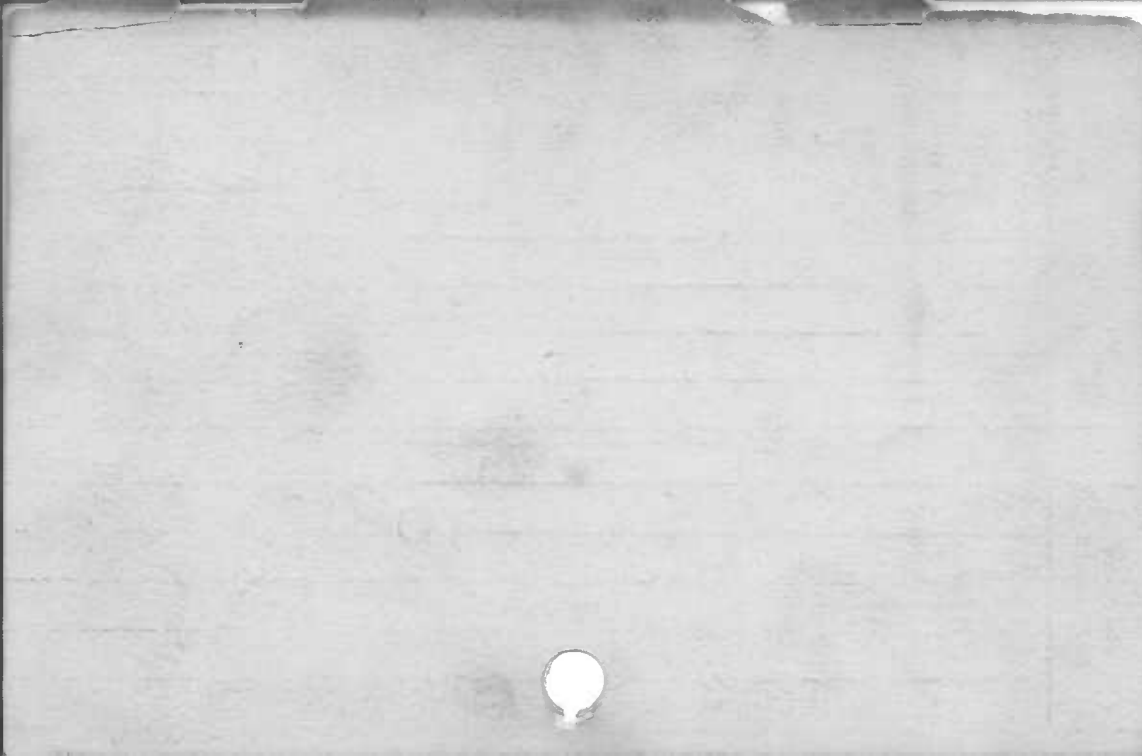
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bentleys</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	<i>3</i>	Day	<i>13</i>	Age
				<i>82</i>	Months
					<i>11</i>
					Days
					<i>7</i>
Sex	<i>male</i>		Color or Race	<i>White</i>	
Occupation	<i>farmer</i>		Birth-place	<i>md</i>	
Where Residing if not at place of death			<i>Bentleys</i>		
Married, Single or Widowed			Name of Wife or Husband		
<i>Single</i>			<i>Widowed</i>		
Father's Name			<i>William Morris</i>		
Father's Birthplace			<i>md</i>		
Mother's Maiden Name			<i>Don't know</i>		
Mother's Birthplace			<i>md</i>		
Name of person giving information			<i>E. Stella L. Miller</i>		
How related to deceased			<i>Grand daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>La Grippe</i>	How long	<i>8 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	<i>R. B. Morris</i>		
	Address		
	<i>Parkton Md.</i>		
Accident or Suicide?			



Name
in
Full

Elsie M. Nares

CERTIFICATE OF DEATH

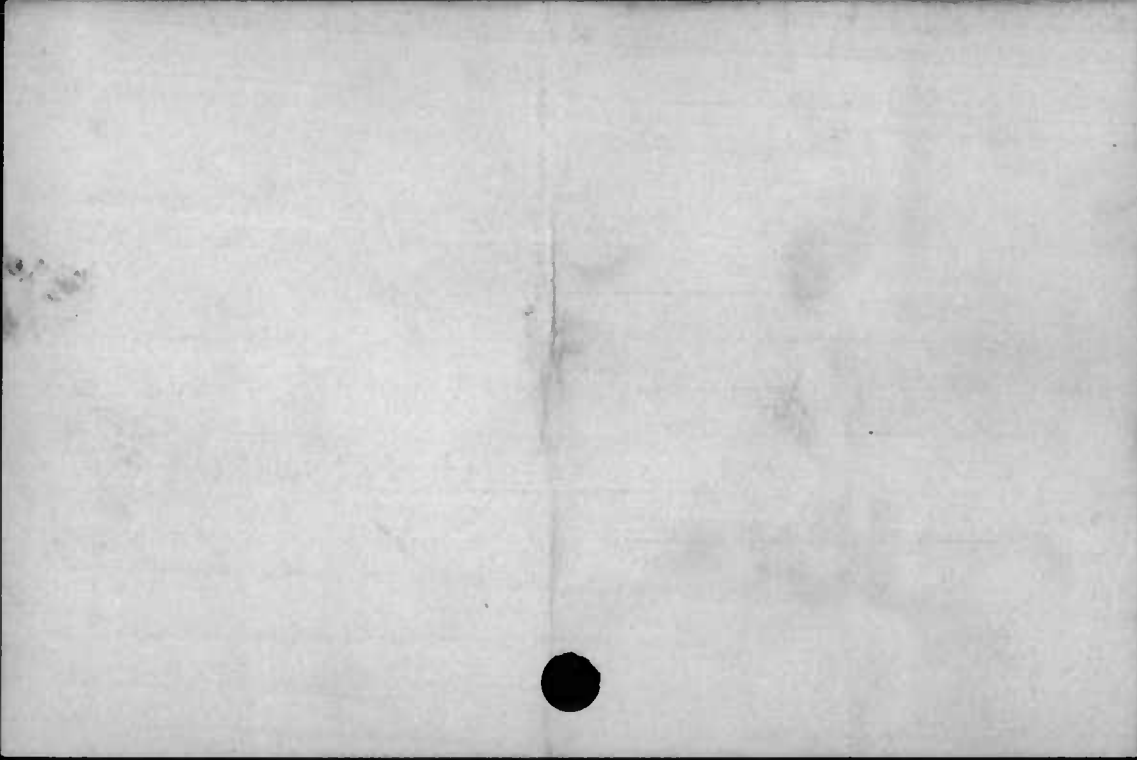
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington Road</i>		Town <i>Belts</i>		County <i>Belts</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Nov</i>	Day <i>25</i>	Age <i>9</i>	Years	Months <i>3</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Belts Co</i>				
Occupation <i>c</i>	Where Residing if not at place of death <i>Washington Road</i>						
Married, Single or Widowed <i>c</i>	Name of Wife or Husband <i>c</i>						
Father's Name <i>Joseph Nares</i>	Father's Birthplace <i>Howard Co</i>						
Mother's Maiden Name <i>Maggie E. Snuffs</i>	Mother's Birthplace <i>Belts Co</i>						
Name of person giving information <i>Joseph Nares</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fractured Leg</i>	How long <i>77</i>	How long <i>11 days</i>
Immediate <i>Letanus</i>	How long <i>24 hours</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. S. Hall</i>	Address <i>W. S. Hall</i>
Accident or Suicide?		



Name
in
Full

Christian Newhauser

168
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIENDDied at *Long Green* Town*Baltimore* County

MARYLAND

Date of death *1905* Month *March*Day *18*Age *74* YearsMonths *21*

Days

Sex *Male*Color or Race *White*Birth-place *Pa.*Occupation *Farmer*

Where Residing if not at place of death

Married, Single or Widowed *Widower*Name of Wife *Elizabeth Newhauser (deceased)*Father's Name *Christian Newhauser*Father's Birthplace *Germany*Mother's Maiden Name *Unknown*Mother's Birthplace *Unknown*Name of person giving information *Cora Newhauser*How related to deceased *Daughter in law*

CAUSES OF DEATH

Primary *Softening of Brain*How long *one year*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *—*

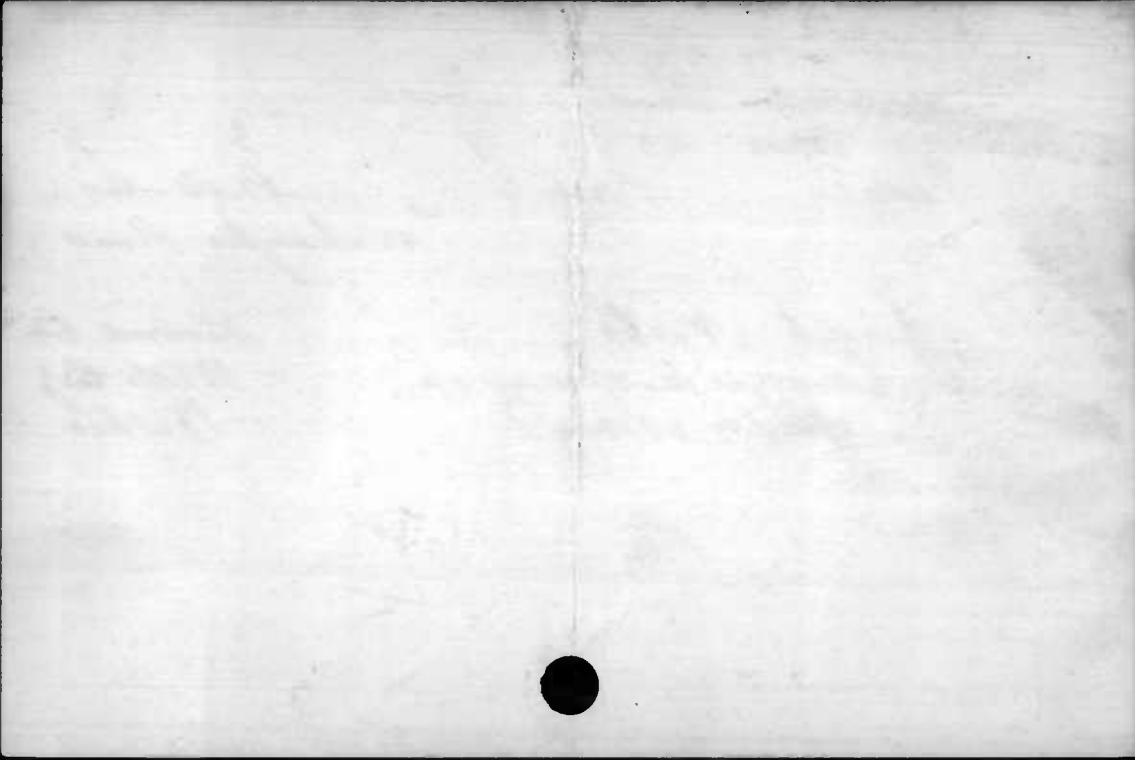
Signature of Physician

Address

Jno. S. Green
Gettysburg

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Buttrick S. Nally

Town

County

MARYLAND

Died at

Shinn's Point

Baltimore

Date

Month

Day

Years

Months

Days

of death

1905

March

5th

Age

1

2

—

Sex

Female

Color or
Race

Negro

Birth-
place

Baltimore

Occupation

Where Residing if not
at place of deathMarried Single
or WidowedName of Wife or
HusbandFather's
Name

George W. Nally

Father's
Birthplace

Va

Mother's
Maiden Name

Maggie M Davis

Mother's
Birthplace

Va

Name of person giving
Information

Geo. W. Nally

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

21 days

Immediate

Exhaustion

How long

40 hours

Are the name, age, sex, color, date
and place correctly given above?

ye

Signature of
Physician

J. C. Edward. M.D.

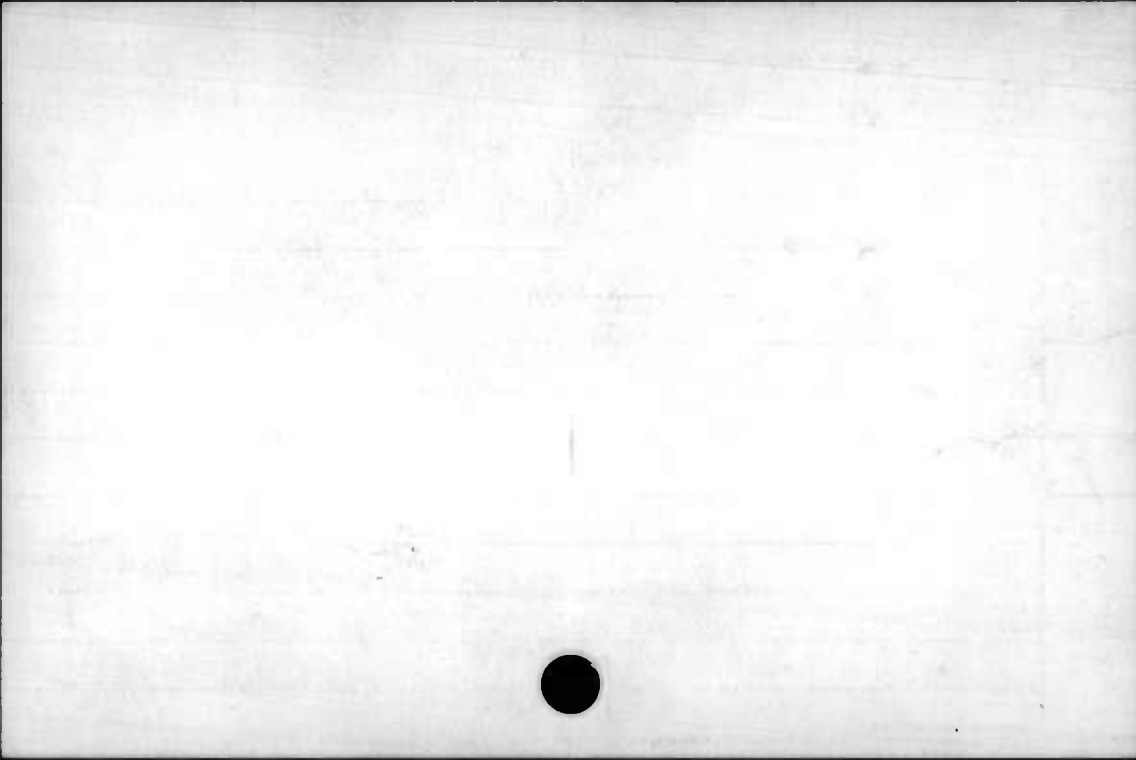
Address

Shinn's Point

Accident or Suicide?

3

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

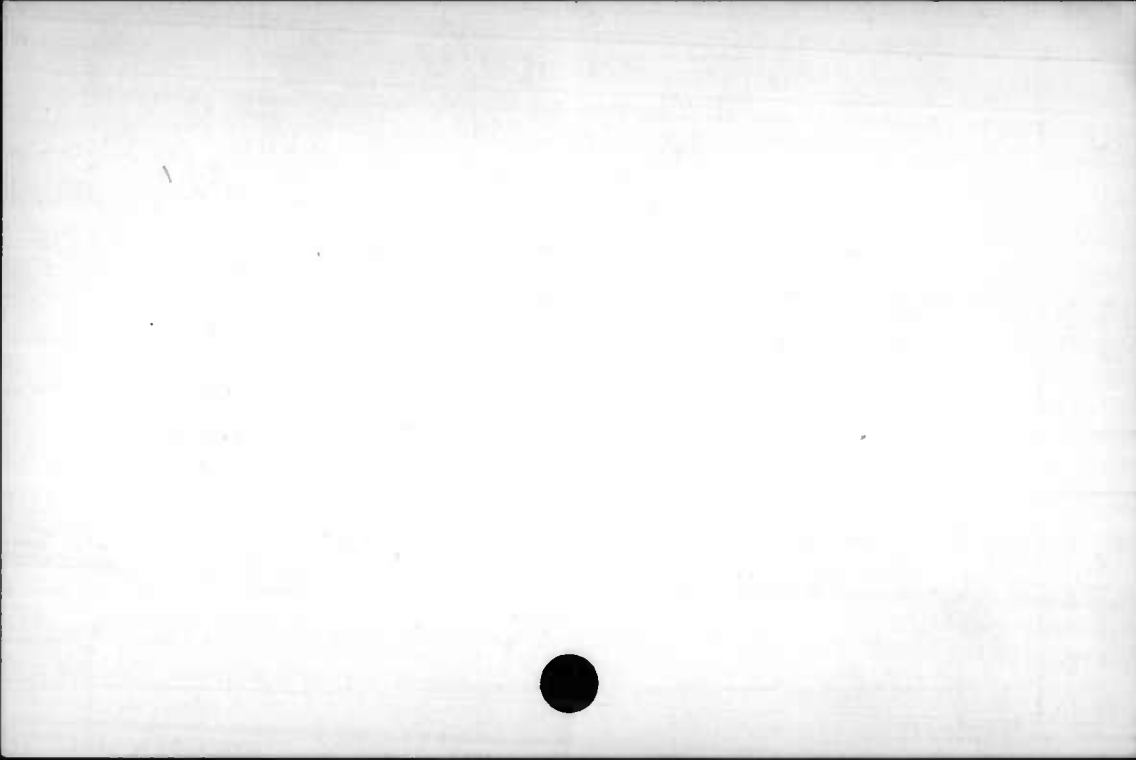
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Spumio Point</u>		County <u>Baltimore</u>		MARYLAND	
Date of death	1905	Month	March	Day	9th
Age	65	Years	6	Months	8
Sex	Female	Color or Race	White	Birth-place	Penn.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband <u>Samuel Heibling</u>		
Father's Name	<u>Jacob Heener</u>		Father's Birthplace <u>Penn.</u>		
Mother's Maiden Name	<u>Miss Shank</u>		Mother's Birthplace <u>Penn.</u>		
Name of person giving Information	<u>Katie Stockman</u>		How related to deceased <u>Cousin</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Carcinoma Uterus</u>	How long	<u>Two weeks</u>
Immediate	<u>Exhaustion</u>	How long	<u>Two weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>F. C. Eldred</u>
		Address	<u>Spumio Point.</u>
<u>Accident or Suicide?</u>			



Name
in
Full

Eugenie A O'Farrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Lauraville*

Town

Baltimore

County

Date

of death

1905

Month

March

Day

25

Age

Years

55

Months

9

Days

1

Sex

Female

Color or
Race

white

Birth-
place

Baltimore Md.

Occupation

Retired

Where Residing if not
at place of death

Lauraville

Married, Single
or Widowed

Single
Widow

Name of Wife or
Husband

Father's
Name

Alfonse Cocuzzi

Father's
Birthplace

France

Mother's
Maiden Name

Victoria Munked

Mother's
Birthplace

France

Name of person giving
Information

Mrs F R Hare

How related
to deceased

Saughter

CAUSES OF DEATH

Primary

Ovarian Tumor

How long

4 years

Immediate

Exhaustion

How long

Two months

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Henry Whitbrook M.D.

Address

*237 Gough Ave. Baltimore
Md.*

Accident or Suicide?

Burial at
Greenmount Cem

March 31/905

Wm Cook
502 E. Park Ave

Name
in
Full

Nolan Phelps

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at St Helena TownBaltimore County

MARYLAND

Date of death 190 5 Month 3Day 21Age — YearsMonths —Days 7Sex MaleColor or
RaceWhiteBirth-
placeSt HelenaOccupation —Where Residing if not
at place of death —Married, Single
or WidowedSingleName of Wife or
Husband —Father's
NameBen. PhelpsFather's
Birthplace —Mother's
Maiden NameRose PhelpsMother's
Birthplace —Name of person giving
In formationEdward J. EwingHow related
to deceased —

CAUSES OF DEATH

Primary —

How long

Immediate Conductions

How long

24 hoursAre the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianE. Lambert Young, M.D.

Address

305 East E. St.Accident or Suicide? —

Laurel

W. Jackson Tenn

Name
in
Full

Paul Clinton Prigel

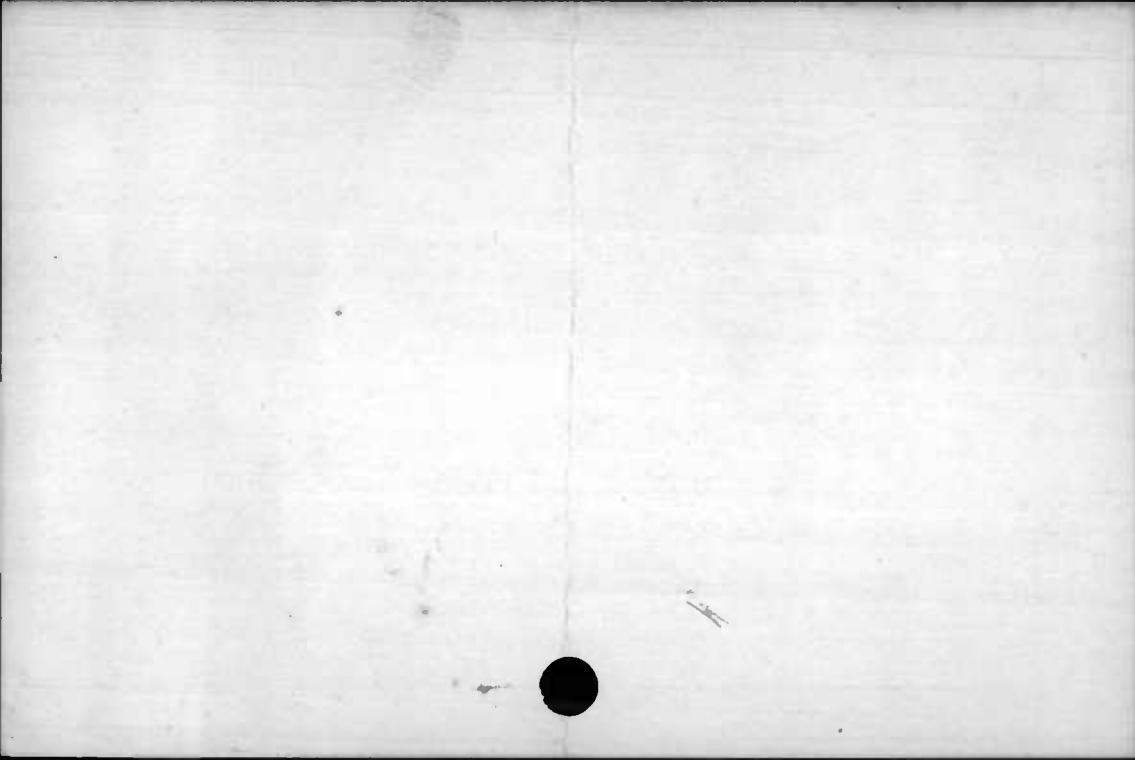
169
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Long Green</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>March</u> ^{Month}	<u>16</u> ^{Day}	Age <u>—</u> ^{Years}	<u>two</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Balto. Co. Md.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>J. M. Prigel</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Minnie Glass</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>J. M. Prigel</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Fa'l Supp</u>	How long <u>2 weeks</u>
Immediate <u>Pneumonia</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>—</u>	Signature of Physician <u>J. M. Scheew</u>
	Address <u>Hittinge</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Wm. C. B. Quickley

CERTIFICATE OF DEATH

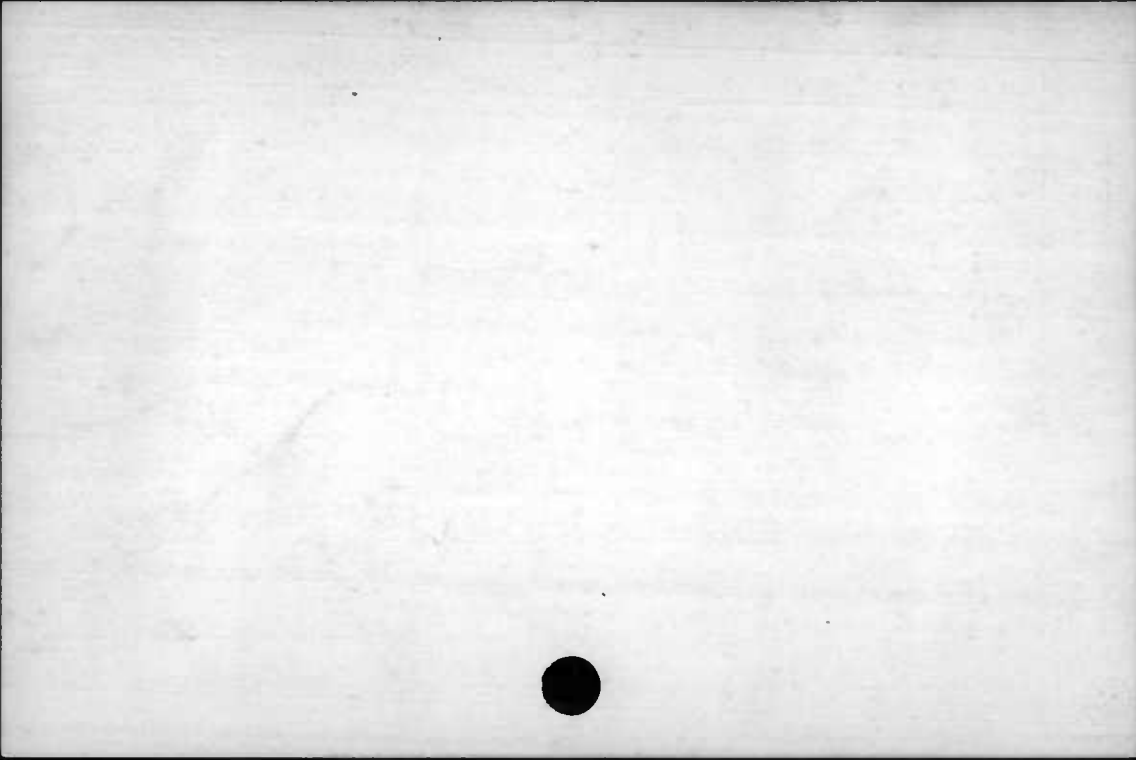
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Blenheim</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	<u>1905</u>	Month	<u>March</u>	Day	<u>29</u>
Age		Years		Months	<u>8</u>
Sex	<u>Male</u>	Color or Race	<u>Colored</u>		
Occupation	<u></u>		Birth-place	<u>Balto. Co. Md.</u>	
Where Residing if not at place of death			<u></u>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Wm. Quickley</u>		Father's Birthplace	
Mother's Maiden Name		<u>Eliza Anderson</u>		Mother's Birthplace	
Name of person giving information		<u>Wm. Quickley</u>		How related to deceased	
				<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Measles</u>	How long	<u>8 days</u>
Immediate	<u>Heart failure</u>	How long	<u>5 minutes</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Thos. H. Emory, Jr., D.</u>	
Address		<u>Monteton, Md.</u>	
Accident or Suicide?		<u>R. F. D. #3</u>	
<u>no</u>			



Name
in
Full

Isabella Raines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Govanstown Md		County Baltimore		MARYLAND	
Date of death		1905	Month Mar.	Day 6	Age 90	2	Months 23.
Sex	Female		Color or Race	white		Birth- place	England.
Occupation	Housewife			Where Residing if not at place of death		Govanstown Md	
Married, Single or Widowed	Widowed		Name of Wife or Husband		Isaac Raines		
Father's Name	James. Dille					Father's Birthplace	England
Mother's Maiden Name	Don't know					Mother's Birthplace	Don't know
Name of person giving In formation	Isaac H Zink					How related to deceased	Grandson.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility		How long	2 years.
Immediate	Anemia		How long	6 mo.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. B. Oakes MD
Accident or Suicide?		Neither	Address	Sta. N (Govan) Balto. Md.

William Brook
Undertaken
Sermon in
London Park
Mch 8/905.

Name
in
Full

Lina B. Randolph

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Herring Run</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>Mar</i>	Day <i>11</i>	Years <i>17</i>	Months <i>6</i>	Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>MD</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Herring Run</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Randolph</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>James Keogh</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Struck with a train</i>	How long <i>60</i>
Immediate <i>fractured skull</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Coroner John S. Muelly</i>
	Address <i>216 W. Donnell st</i>
Accident or Suicide?	

Jacob Aaron Hes

Laurel Cemetery

Name
in
Full

Bernard C. Reinhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Orangeth		County Balto.		MARYLAND	
Date of death	1905	Month Mar	Day 12	Age	Years —	Months 5	Days
Sex	Male		Color or Race	White		Birth- place	Orangeth
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				W. Henry Reinhardt		Father's Birthplace	
Mother's Maiden Name				Schlutter		Mother's Birthplace	
Name of person giving In formation				W. Henry Reinhardt		How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Indigestion	104 V	How long	Since Birth.
Immediate	Concussions		How long	One Day.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?				

Paulus & M Conner
London Park Caring

Name
in
Full

CERTIFICATE OF DEATH

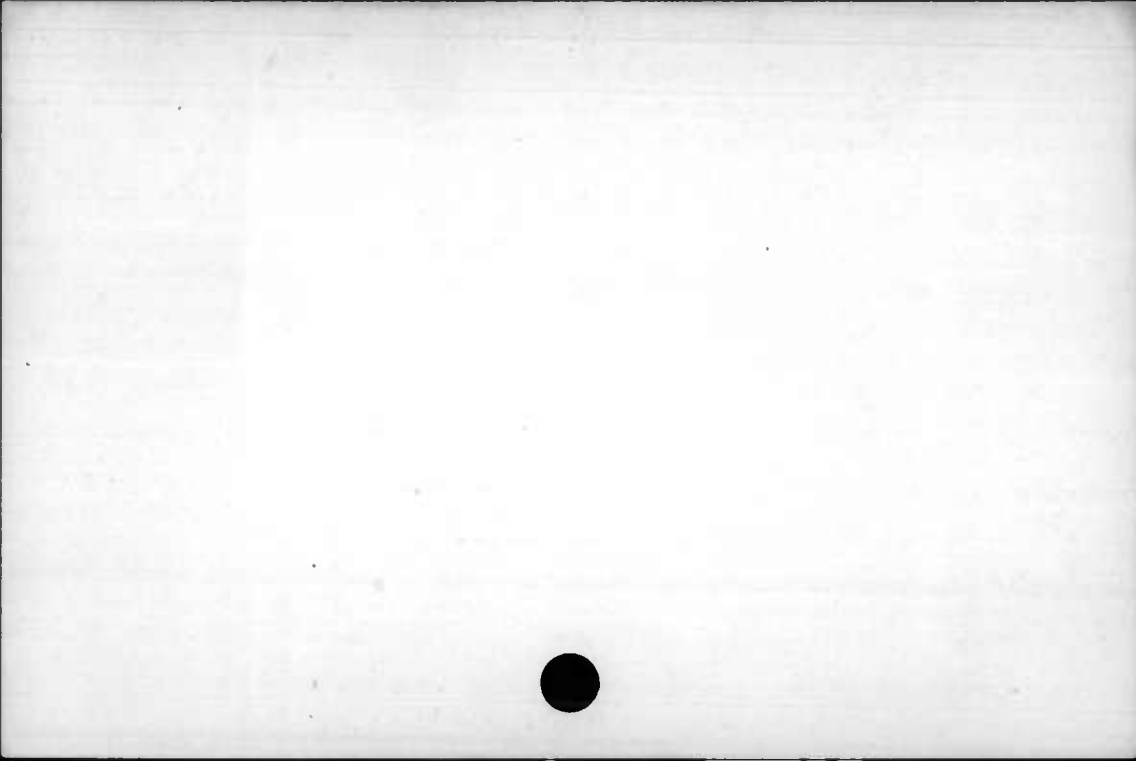
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Leakonsville</i>		County <i>Polk</i>		STATE <i>MARYLAND</i>	
Date of death	1905	Month	March	Day	17	Age	33
Sex	Male		Color or Race	White		Birth-place	Md.
Occupation	Paper-hanger			Where Residing if not at place of death			X
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Remmers					Father's Birthplace	Germany
Mother's Maiden Name	Mary					Mother's Birthplace	Germany
Name of person giving information	Henry Litz					How related to deceased	No

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dementia</i>	How long	<i>4 yrs -</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 mo.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Henry Litz</i>
	<i>No.</i>	Address	<i>Leakonsville,</i>
Accident or Suicide?	<i>No.</i>		



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Elizabeth V. Regnard</i>		Town <i>Hamilton</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death <i>1907</i>		Age <i>40</i>		Months <i>5</i>	
Month <i>3</i>		Day <i>7</i>		Years		Days	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>			
Occupation		Where Residing if not at place of death <i>Hamilton.</i>					
Married, Single or Widowed <i>Married</i>		Name of husband <i>Julius Regnard</i>					
Father's Name <i>Peter Sherman</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Mary Stark</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Julius Regnard</i>		How related to deceased <i>husband.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typho. Pneumonia</i>		How long <i>3 weeks</i>	
Immediate <i>Coma & Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm D. Horne MD</i>	
		Address <i>Gardenville Md.</i>	
Accident or Suicide?			

William Cook
for E. Hartman

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Rachel *Werns. Reynolds* 167
 CERTIFICATE OF DEATH

Died at *Upper Falls* *Baltimore* *MARYLAND*
 Date of death *1905* *3* *7* *84* *Months* *Days*
 Sex *Female* Color or Race *White* Birth-place *England*
 Occupation *housewife* Where Residing if not at place of death *✓*
 Married, Single *✓* Name of Wife or Husband *Jas. Reynolds*
 Father's Name *✓* Father's Birthplace *✓*
 Mother's Maiden Name *✓* Mother's Birthplace *✓*
 Name of person giving information *Edward Reynolds* How related to deceased *Son*

CAUSES OF DEATH

Primary *General debility of old age* How long *—*
 Immediate *Corr. failure* *✓* How long *2 weeks*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Ch. Meyer M.D.*
 Address *Franklin*
 Accident or Suicide? *No* *M.D.*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Levensville</i>		County <i>Butte</i>		MARYLAND	
Date of death	1905	Month <i>Mar</i>	Day <i>6</i>	Age <i>27</i>	Years Months Days
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Maryland</i>	
Occupation <i>None</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <input checked="" type="checkbox"/>				
Father's Name <i>L. B. Riggins</i>	Father's Birthplace <i>Ma.</i>				
Mother's Maiden Name <input checked="" type="checkbox"/>	Mother's Birthplace <input checked="" type="checkbox"/>				
Name of person giving information <input checked="" type="checkbox"/>	How related to deceased <input checked="" type="checkbox"/>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Imbecility</i>	How long <i>Life</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>3 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank Wade</i>
<i>No</i>	Address <i>Levensville, Ma.</i>
Accident or Suicide? <i>No</i>	



Name in Full

Certificate of Death

Still Born - (Robert (not named))

Died at

Cockeysville

MARYLAND

Date 19 05-

Month Day
Mar 12

Age

Y. M. D.

Native of

Occupation

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Living birth. Broad, pneumonia

How long sick

Death

Immediate

No aid - waters in tact

Accident, Suicide, Homicide

Head not delivered child asphyxiated

Reported by

Dr B. S. Benson

Address

Cockeysville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Annie Robertson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Walters</i>		^{County} <i>Balto</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>March</i>	Day <i>31</i>	Age Years <i>—</i>	Months <i>1</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Elias Robertson</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Kate Robt Goosnell</i>			Mother's Birthplace <i>md</i>		
Name of person giving In formation <i>Elias Robertson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infantile Convulsions</i>	How long	<i>2 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John W. Harrison Md</i>	
		Address <i>Middle River Md</i>	
Accident or Suicide? <i>no</i>			

8



Name
in
Full

Arlenia Robinson

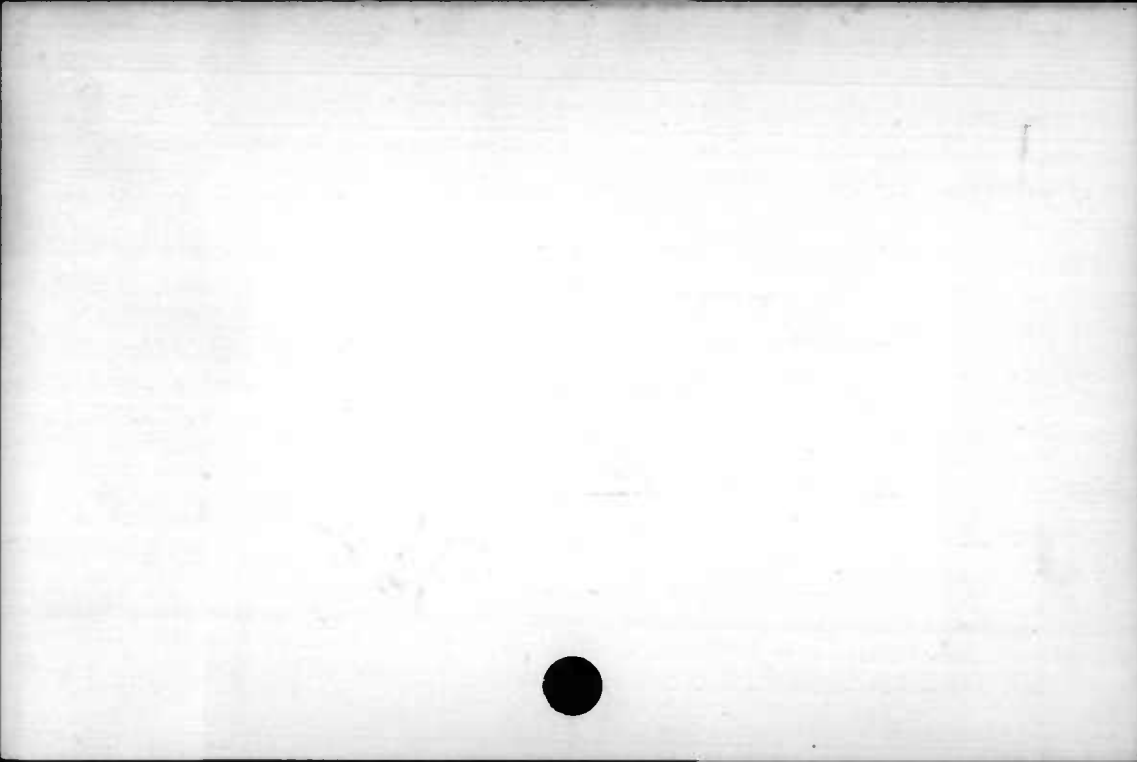
CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} *Currings Mills* ^{County} *Balto*Date of death *1905* ^{Month} *May* ^{Day} *26* ^{Years} *38* ^{Months} *—* ^{Days} *—*Sex *Female* Color or Race *Colored* Birth-place *Balto, Co. Md.*Occupation *House wife* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Joshua Robinson*Father's Name *Benjamin E. Simons* Father's Birthplace *—*Mother's Maiden Name *Annie Ward* Mother's Birthplace *—*Name of person giving information *Joshua Robinson* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Marasmus* How long *Two Years*Immediate *Inanition* How long *One month*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *James Gore M.D.*Address *Reisterstown, Md.*Accident or Suicide? *—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



John S. Robinson

Town

County

Died at

Boring

Balt -

MARYLAND

1905-
 Date ~~1906~~ 3 - 31
 Month Day Y. M. D.
 Age 22 - - 11
 Native of Ind Occupation Waiter
 Male ~~White~~ Married ~~Widow~~ Divorced
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

 Husband
 of

None

 Father's
 Name

no father by chance

 Mother's
 Name

Cassie Nelson

Cause of

Primary

Grip

How long sick

10 days

Death

Immediate

Heart ail disease

 Accident, Suicide, Homicide
 76 ✓

Reported by

Dr. Jas. H. Wilson

Address

Fowlesburg Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Geo. W. Belt
Undertaken

Name
in
Full

CERTIFICATE OF DEATH

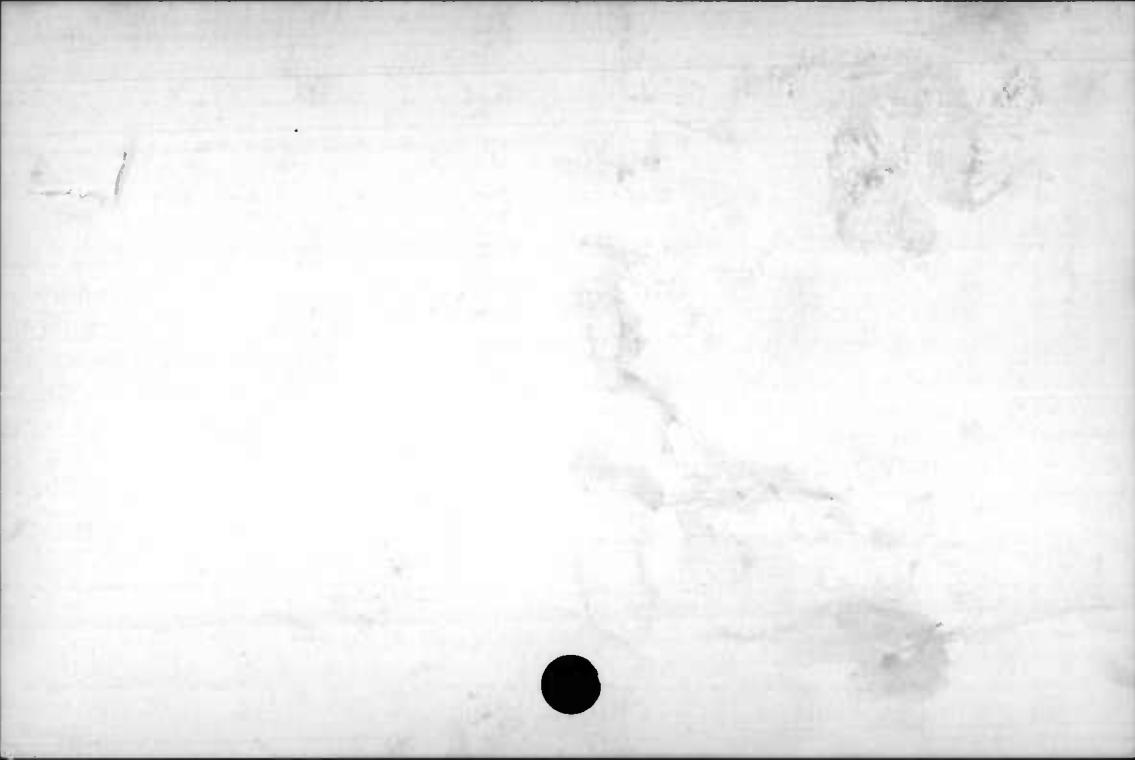
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Levensville</u> ^{Town}		<u>Gretna</u> ^{County}		MARYLAND	
Date of death 190 <u>5</u> ^{Month} <u>March</u> ^{Day} <u>19</u> ^{Age} <u>37</u> ^{Years}				<u>Months</u> <u>Days</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Russia</u>	
Married, Single or Widowed <u>Married</u>		Occupation <u>X</u>			
Name of Wife or Husband <u>Louis Rothstein</u>					
Father's Name <u>Nathan Cohen</u>				Father's Birthplace <u>Russia</u>	
Mother's Maiden Name <u>Sarah</u>				Mother's Birthplace <u>Russia</u>	
Name of person giving information <u>Abraham Cohen</u>				How related to deceased <u>Brother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dementia</u>	How long <u>12 yrs.</u>
Immediate <u>Valvular Dis of Heart</u>	How long <u>per minute</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm. Kade</u>
	Address <u>Levensville, Pa</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Mr. Elias L. Routson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Freeland*^{County} *Balto*Date of death ^{Month} *1905 Mar*^{Day} *5*^{Years} *Age 68*^{Months} *11*^{Days} *4*Sex *Male*Color or Race *White*Birth-place *York Pa*Occupation *None*

Where Residing if not at place of death

Married, Single or Widowed *Widowed*Name of Wife or Husband *Katherine Routson*Father's Name *Geo Routson*Father's Birthplace *York Pa*Mother's Maiden Name *Katherine Unknown*

Mother's Birthplace

Name of person giving information *Geo. H. Routson*How related to deceased *Son*

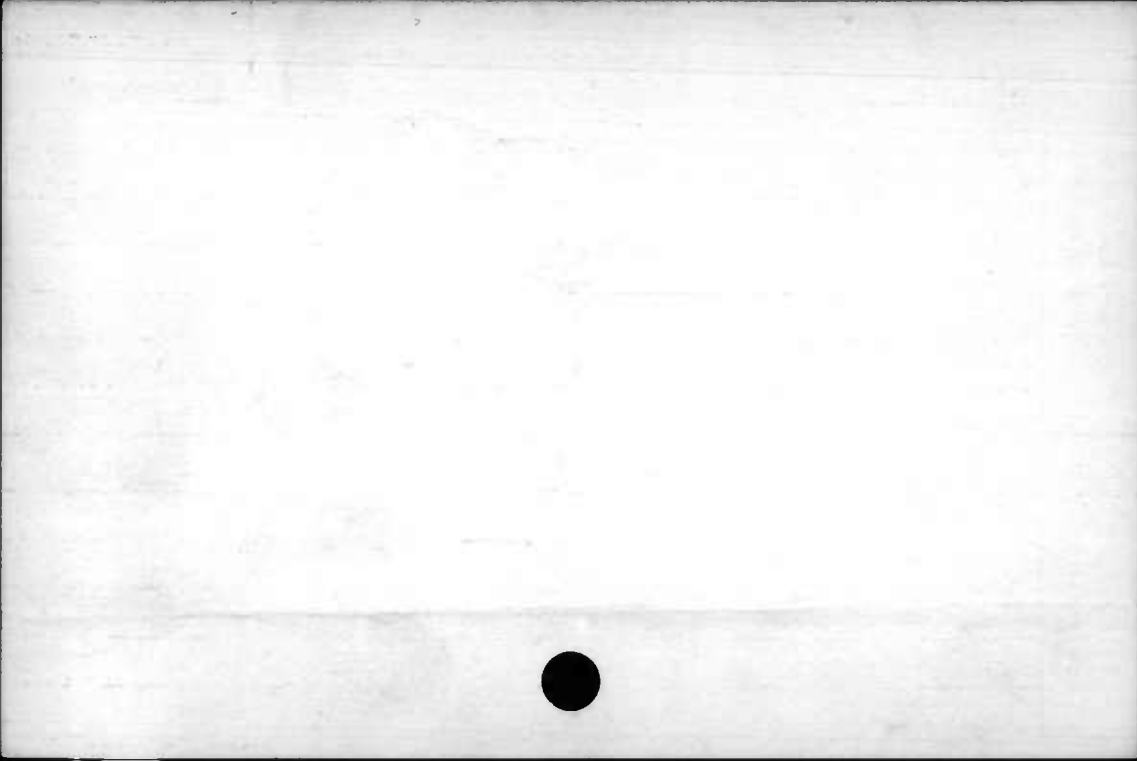
CAUSES OF DEATH

Primary *Paralysis*How long *6 weeks*Immediate *Heart attack*How long *12 hours*

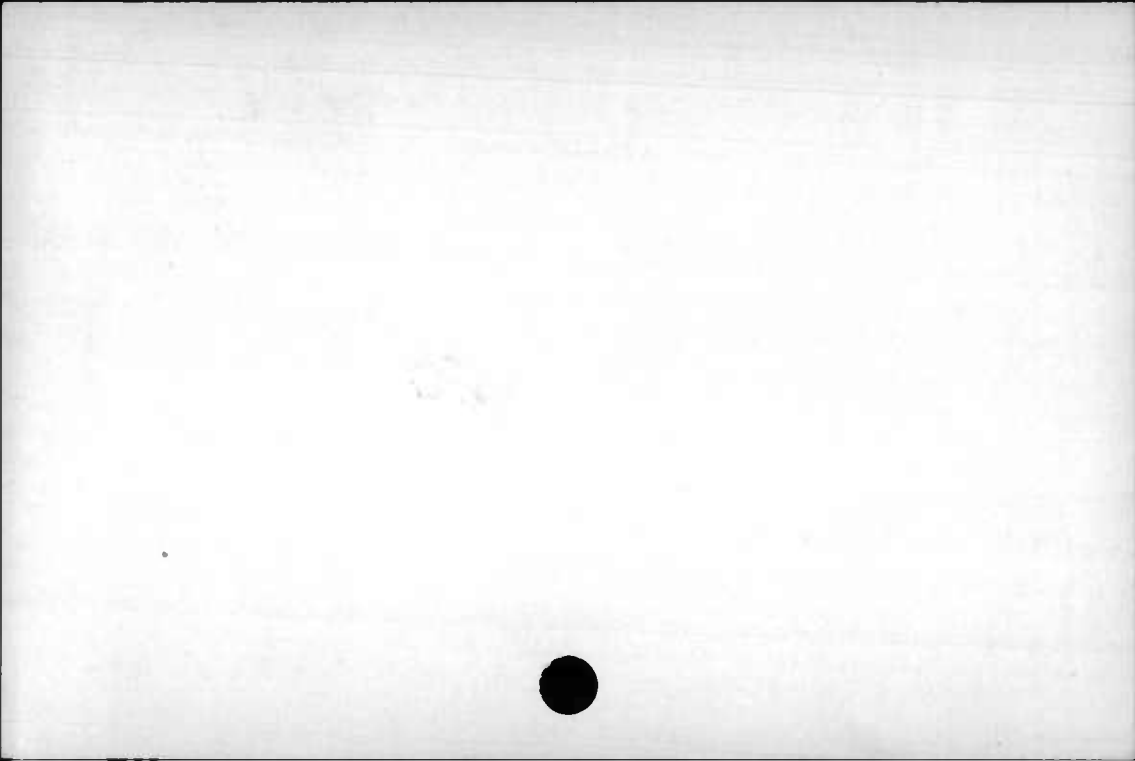
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Geo J. Hines*Address *New Freedom*

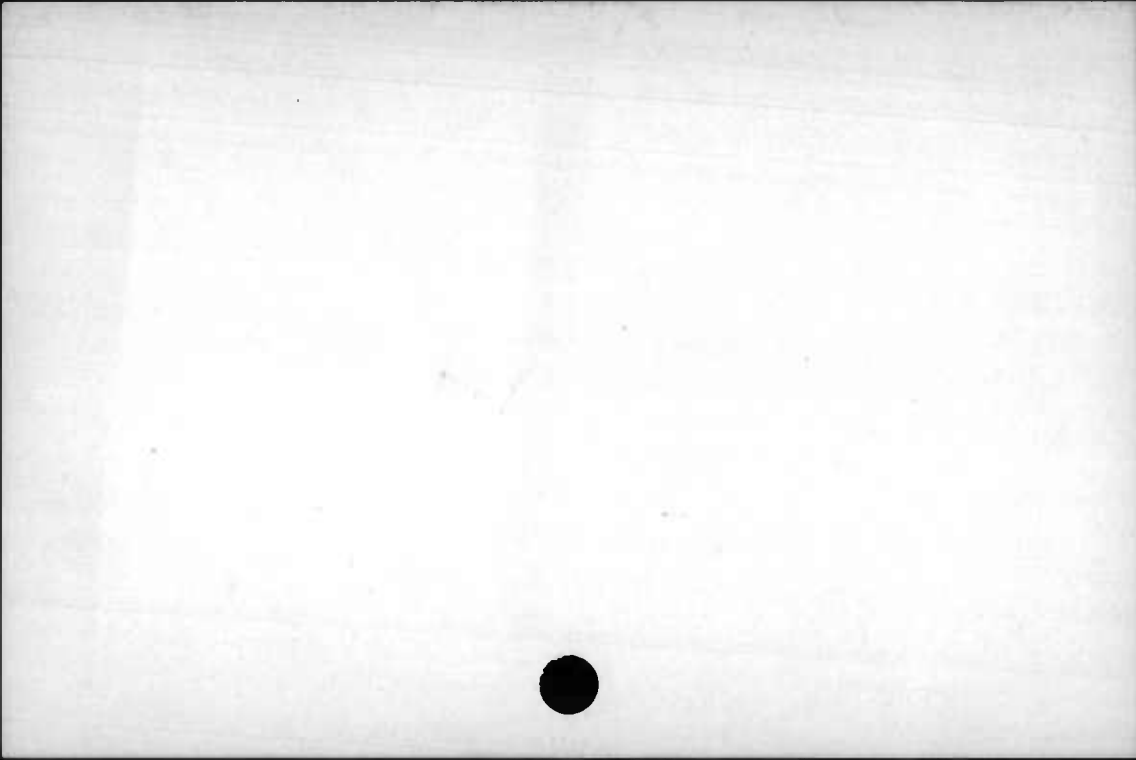
Accident or Suicide?



Name in Full		Batterfield, Joseph				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Leavenworth		Town		County
	Date of death 190		5 Mch		21		Day
	Age		36		Years		Months
	Sex		Male		Color or Race		White
	Married, Single or Widowed		Single		Occupation		None
	Name of Wife or Husband		X		Birth-place		Ind
	Father's Name		X		Father's Birthplace		X
	Mother's Maiden Name		X		Mother's Birthplace		X
Name of person giving information		X		How related to deceased		X	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Imbecility		How long		Life
	Immediate		Diabetes Mellitus		How long		6 mos
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. R. Wade
	Address		Leavenworth		Accident or Suicide?		No



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Leetonsville		Salto		MARYLAND			
		Date of death 1905		Month		Day		Age		Years	
		Sex		Female		Color or Race		white		Birth-place	
		Married, Single or Widowed		Married		Occupation		Housewife			
		Name of Wife or Husband		X		Father's Name		X		Father's Birthplace	
		Mother's Maiden Name		X		Mother's Birthplace		X		How related to deceased	
		Name of person giving information		X		144		X			
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Cellulitis of arm		How long		1 week			
		Immediate		Septicemia		How long		48 hrs.			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. P. Wade.			
				No.		Address		Leetonsville,			
		Accident or Suicide?		No.							



Name
in
Full

Annie Prime Savoy

CERTIFICATE OF DEATH

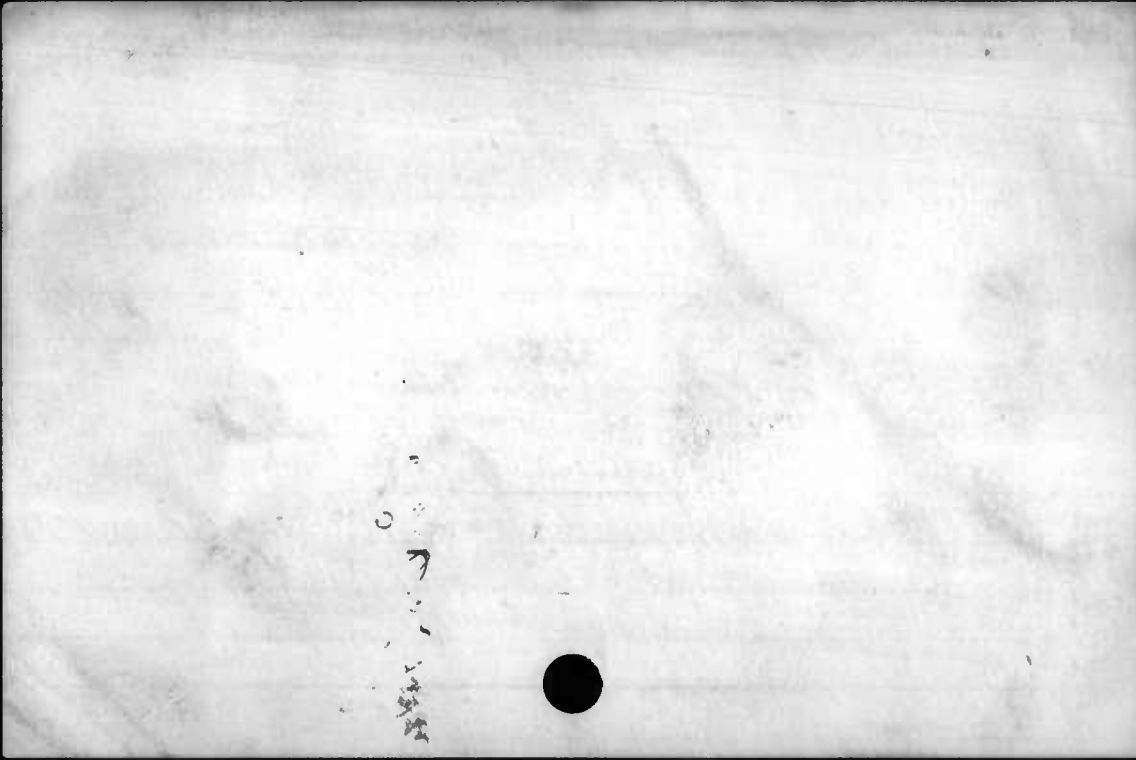
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westport</i>		Town <i>Baltimore</i>		County	
Date of death 1905-		Month <i>3</i>	Day <i>28</i>	Age <i>1</i>	Years
Sex <i>Female</i>		Color or Race <i>Cold</i>		Birth-place <i>Westport</i>	
Married, Single or Widowed				Occupation	
Name of Wife or Husband					
Father's Name <i>Lewis Savoy</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Maggie Deal</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Maggie Savoy</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>23 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. B. Hall</i>
	Address <i>Mr. Minions</i>
Accident or Suicide?	



Name
in
Full

Margaret Schinlatz

CERTIFICATE OF DEATH

Died at ^{Town} Highlandtown ^{County} Baltimore

MARYLAND

Date of death 1905 ^{Month} Mch. ^{Day} 21st ^{Years} Age 12 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Md.

Occupation None Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband

Father's Name Frank A. Schinlatz Father's Birthplace Germany

Mother's Maiden Name Carolina Fleischman Mother's Birthplace Germany

Name of person giving information Frank A. Schinlatz How related to deceased Father

CAUSES OF DEATH

Primary Cerebro - Meningitis? How long 24 hours
Immediate Convulsions How long 2 hours

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J. A. Glantz M.D.

Address 41 Eastern Ave. Ed.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Sacred Heart Cemetery

Nov. 22nd 1905

Germanus Thane

Under taken

Name
in
Full

Margaret Louise Schmidt

166
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at *Long Green* ^{Town} *Baltimore* ^{County} **MARYLAND**

Date of death *1905* ^{Month} *March* ^{Day} *3* ^{Years} *—* ^{Months} *7* ^{Days} *10*

Sex *Female* Color or Race *White* Birth-place *Long Green Md.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Geo. H. Schmidt* Father's Birthplace *Balto. Co. Md.*

Mother's Maiden Name *Catherine Hilgartner* Mother's Birthplace *" " "*

Name of person giving information *Geo. H. Schmidt* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

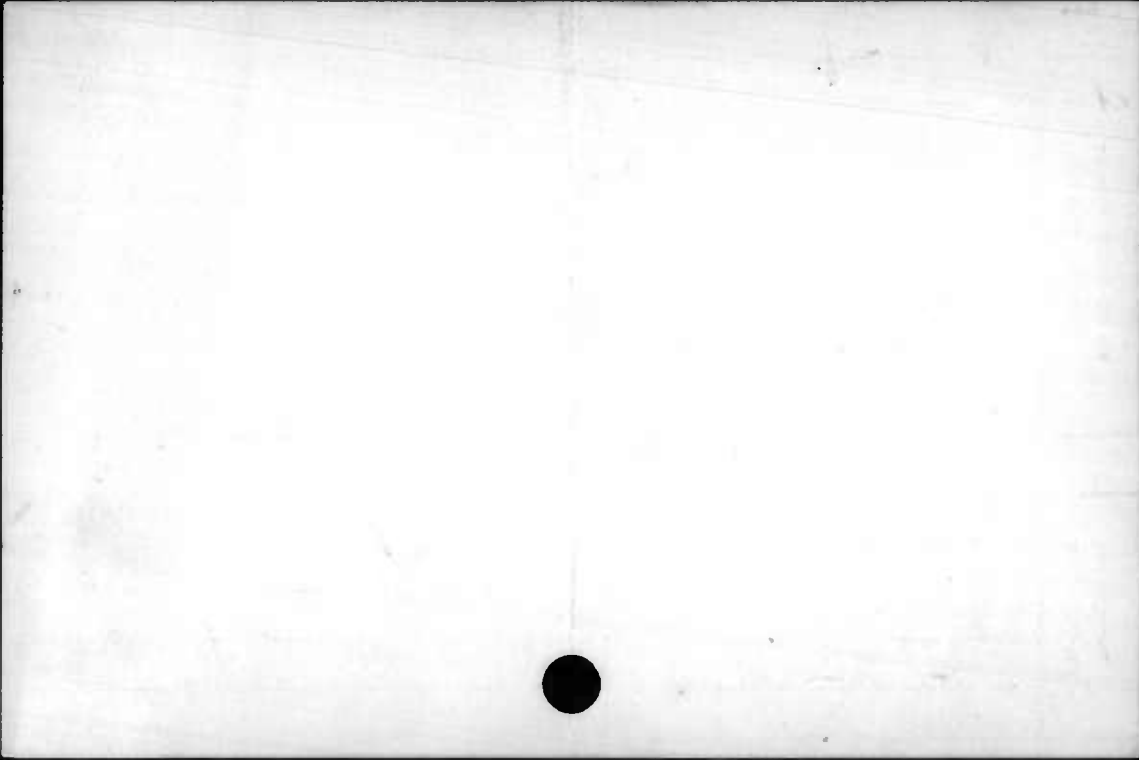
Primary *Chronic Mastenteritis* How long *4 months*

Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above? *—*

Signature of Physician *J. W. Streen* Address *Gittings Md.*

Accident or Suicide? *—*



Name
in
Full

Agnes M. Schnepf.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County			
		Canton		Balto			
Date	Month	Day	Age	Years	Months	Days	
of death	1905	March	14 th	—	3	21	
Sex	Female		Color or Race	White		Birth-place	Balto Co.
Occupation	None			Where Residing if not at place of death			—
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Geo. Schnepf.					Father's Birthplace	Balto Co
Mother's Maiden Name	Lena Batori					Mother's Birthplace	Balto City
Name of person giving information	Germanus France					How related to deceased	Friend

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Capillary Brachitis.		How long	4 days.
Immediate	Cardiac Syncope.		How long	8 hrs.
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician	M. E. McLaughlin M.D.
			Address	618 N. Clark St.
				Highlandtown?
Accident or Suicide?				

Sacred Heart Cemetery

McK 15th 1905-

Germanus France.

Name
in
Full

Rev. Paul, E. Schulte

CERTIFICATE OF DEATH

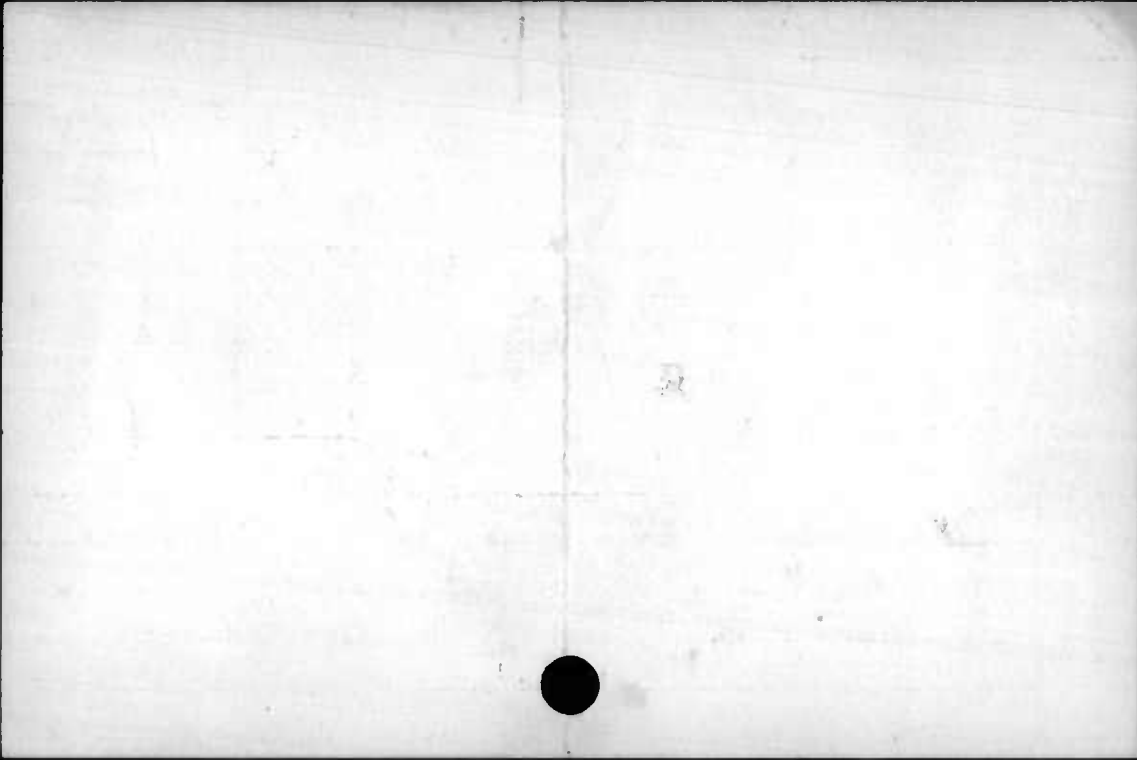
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kingsville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190 <i>6</i>	Month <i>March</i>	Day <i>28</i>	Age <i>53</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed			Occupation <i>Minister of the Gospel</i>		
Name of Wife or Husband <i>Teresa Schulte</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Theodore Schulte</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe & Pneumonia</i>	How long <i>6 weeks</i>
Immediate <i>Cerebrospinal meningitis</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <input type="checkbox"/>	Signature of Physician <i>J. W. Greene</i>
	Address <i>Sittings</i>
Accident <input checked="" type="checkbox"/> Suicide? <input type="checkbox"/>	



Name
in
Full

CERTIFICATE OF DEATH

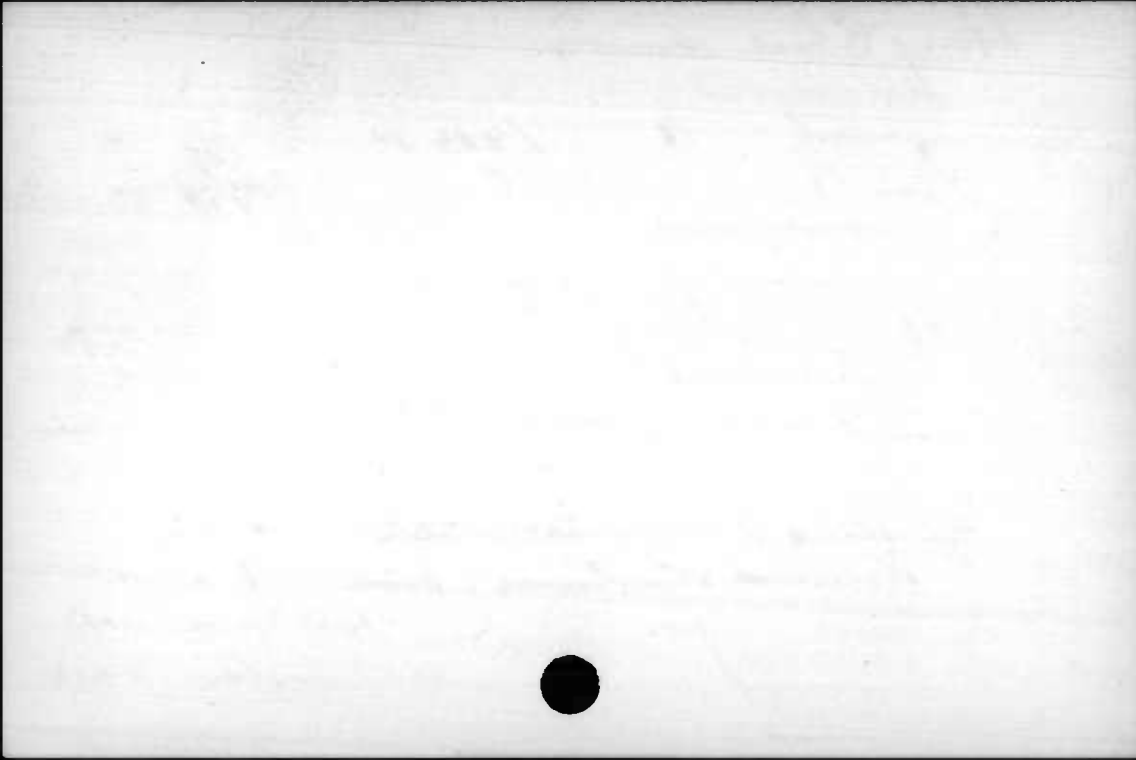
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George T. Smith</i>		Town <i>St. Agnes' Hosp.</i>		County <i>Balto.</i>		MARYLAND	
Died at		Month <i>March</i>		Day <i>30</i>		Years	
Date of death <i>1905</i>		Age		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto.</i>			
Occupation				Where Residing if not at place of death <i>1402 W. Lafayette</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia Tuberculosis.</i>	How long
Immediate	<i>Gastritis</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. P. Mara M.D.</i>
		Address <i>St. Agnes Hospital</i>
Accident or Suicide?		



Name
in
Full

Stella Summers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Canton* Town*Baltimore* CountyDate of death *1905* Month *March*Day *28*Age *4* Years *days*

Months

Days

Sex *Female*Color or Race *White*Birth-place *German Hill Rd*

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

E. Frank Summers

Father's Birthplace

Germany

Mother's Maiden Name

Stella Trapiakfki

Mother's Birthplace

Germany

Name of person giving information

E. Frank Summers

How related to deceased

CAUSES OF DEATH

Primary

Natural Causes

How long

Immediate

*"**"**179*

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Coroner John G. Muelley

Address

246 O'Donnell St

Accident or Suicide?

PHYSICIAN
OR CORONER

Polish Independent Cemetery
Kendall Square 90m

Name
in
Full

Geo. S. Spahn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Overlea

Town

Balto.

County

Date

of death 1905

Month

Mar.

Day

13th

Age

Years

4

Months

6

Days

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Geo. F. Spahn

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary E. Hessler

Mother's
Birthplace

Md.

Name of person giving
In formation

Geo. F. Spahn

How related
to deceased

Father

CAUSES OF DEATH

Primary

Diphtheria followed by Broncho Pneumonia

How long

6 weeks

Immediate

Exhaustion dyspnea

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jas. B. Webster M.D.
Raspburg
Md.

Accident or Suicide?

Holy Redeemer
Cemetery

Name

in
Full

Henry Chew Sneebley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Urbington</i>		County <i>Balto</i>		MARYLAND	
Date of death 190	<i>5</i>	Month <i>Mar</i>	Day <i>18</i>	Age <i>1865</i>	Years <i>90</i>	Months	Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Hagerstown</i>			
Married, Single or Widowed <i>Widower</i>				Occupation <i>Lumber</i>			
Name of Wife or Husband <i>Carry Rogers</i>							
Father's Name <i>Henry Sneebley</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Benetta Chew</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Jennie Myers</i>				How related to deceased <i>95</i> <i>No relation</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hypostatic Pneumonia & Prostatitis</i>	How long	<i>10 days</i>
Immediate	<i>Urinary & Continence of Urine</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. D. Cox M.D.</i>	
<i>yes</i>		Address <i>Urbington Md.</i>	
Accident or Suicide?			

Burial at
David Ridge

William Cook Huntaker
502 E. North Ave

Rev. Taylor.
Piedmont

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Agnes' Hospital</i>		Town <i>Balto.</i>		County <i>MARYLAND</i>	
Date of death <i>1905</i>		Month <i>March</i>	Day <i>5</i>	Years <i>53</i>	Months <i></i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Boston Mass</i>	
Occupation <i>Scientist</i>			Where Residing if not at place of death <i>20 E. Franklin St.</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic nephritis</i>	How long
Immediate <i>General. Complications</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. Mara M.D.</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name
in
Full

Torsell

CERTIFICATE OF DEATH

Died at *Calumville* ^{Town}*Bath* ^{County}

MARYLAND

Date of death 190*5* ^{Month} *Mar**18* ^{Day}Age *—* ^{Years}*—* ^{Months}*—* ^{Days}Sex *Female*Color or Race *C*

Birth-place

*Calumville*Occupation *—*

Where Residing if not at place of death

Married, Single or Widowed *—*

Name of Wife or Husband

Father's Name

Samuel Torsell

Father's Birthplace

Calumville

Mother's Maiden Name

Ida. Williams

Mother's Birthplace

"

Name of person giving information

Oden Williams

How related to deceased

Grandfather

CAUSES OF DEATH

Primary

Premature Birth

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

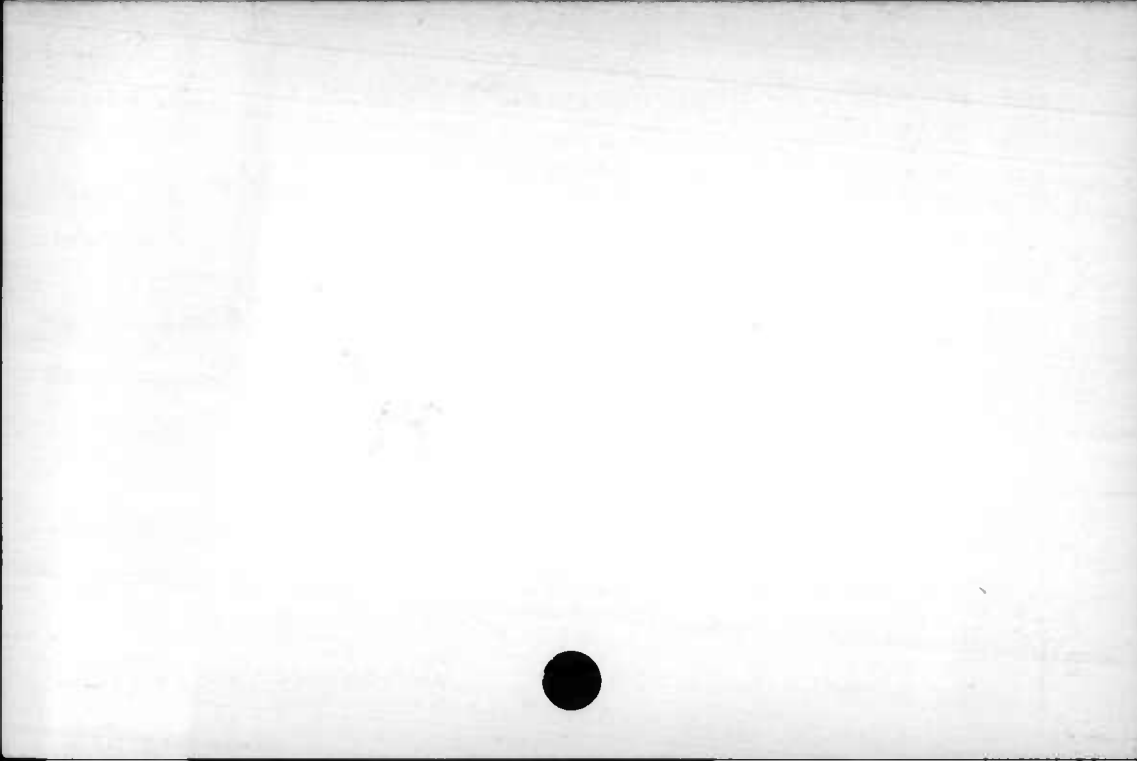
Mrs Rachel Crowne

Address

Calumville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Edward H. Triplett.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>North Branch</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>March</i>	Day <i>29</i>	Age <i>58</i>	Months <i>8</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>Place of death</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>E. Howard Triplett</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Elizabeth Parker</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Augustine Curry</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Miliary Tuberculosis</i>	How long <i>Four weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. H. Ward, M.D.</i>
	Address <i>Hamisville, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		John Tunney		County	
		Died at Int. Washington		Baltimore	
		Date of death 1905 March 5		Age 71	
		Month		Days	
		Sex Male		Color or Race White	
		Birth-place Co. Mayo - Ireland			
		Occupation Express Business		Where Residing if not at place of death	
		Married, Single or Widowed		Name of Wife - Bridget Higgins (Tunney)	
		Father's Name Thomas		Father's Birthplace Co. Mayo Ireland	
		Mother's Maiden Name Mary Welch		Mother's Birthplace Co. Mayo Ireland	
		Name of person giving information Mrs. Barrett & Mrs. Hayden		How related to deceased Daughters	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary Chirous Liver		How long 11 1/2 four months	
		Immediate Cardiac Asthenia		How long	
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. Joseph S. Bowen	
				Address Int. Washington	
				Balto. Co. Inds	
		Accident or Suicide?			

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993. 

*St. Mary's Cemetery
Granston*

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodlawn</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>March</i> <small>Month</small>	<i>13</i> <small>Day</small>	Age <i>74</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>2</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balt Co Md</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>				
Married or Widowed	Name of Wife or Husband <i>Elizabeth Upton</i>				
Father's Name <i>William Upton</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Sarah Marriott</i>	Mother's Birthplace <i>Md</i>				
Name of person giving Information <i>C. E. Upton</i>	How related to deceased <i>son.</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Osteo - Myelitic - bones of foot</i>	How long <i>6 months</i>
Immediate <i>General Debility of age</i>	How long <i>1 week.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. C. Smith</i>
	Address <i>Woodlawn Sta. Md</i>
Accident or Suicide? <i>—</i>	

Mt Olive Cemetery
Jos B Cook

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harry A. Wagner

Died at ^{Town} Sparrows Point ^{County} Baltimore

MARYLAND

Date of death ^{Year} 1903 ^{Month} Mar ^{Day} 16 ^{Age} 26 ^{Years} ^{Months} ^{Days}

Sex Male Color or Race white Birthplace

Occupation Oilier Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information Joe Blair How related to deceased

CAUSES OF DEATH

Primary How long

Immediate Accident How long

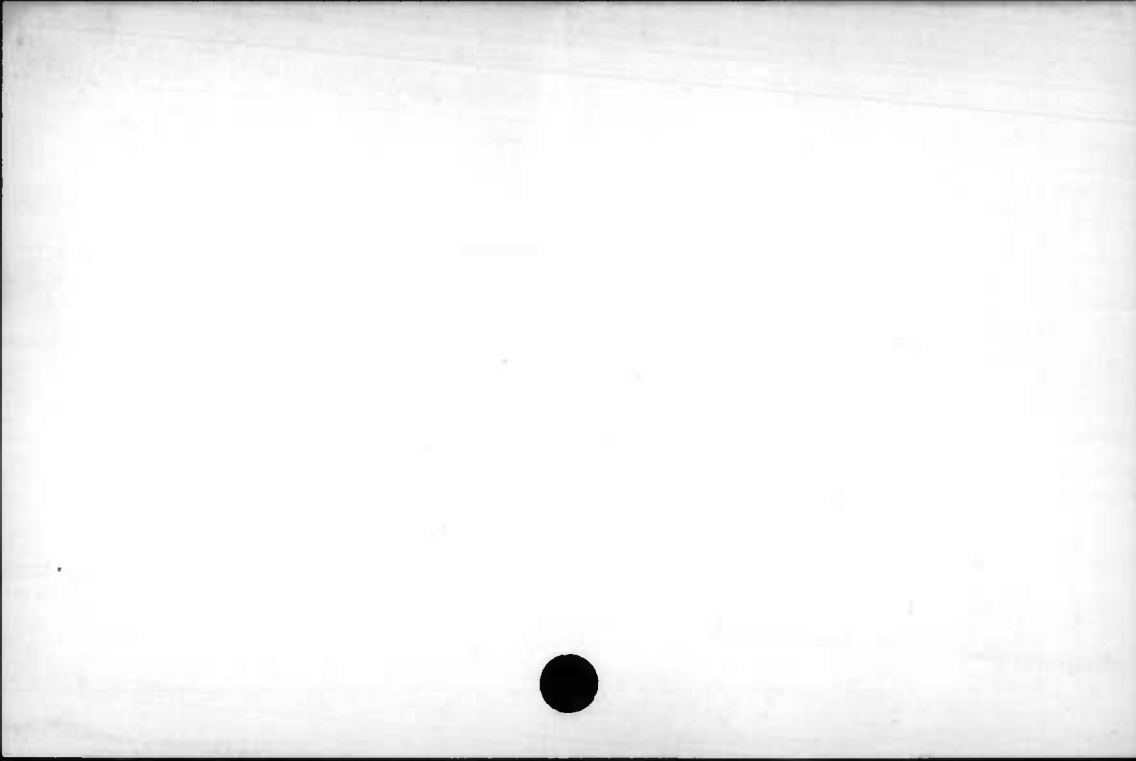
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

John Walter.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Perry Hall*

Town

Baltimore

County

Date of death *1905*

Month

March

Day

18th

Age

Years

67

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Germany*

Occupation

*Sailor*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Anna Catharina Schuster*Father's
Name*Louis Walter*Father's
Birthplace*Germany*Mother's
Maiden Name*Margaret Valke*Mother's
Birthplace*Germany*Name of person giving
Information*Henry Walter*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Infirmities of age

How long

*154**About 10*

Immediate

General Asthenia

How long

*months*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*W. J. Harrison*

Address

Loch Raven

Accident or Suicide?

PHYSICIAN
OR CORONER

St. Michael's Cemetery
Perry Hall Ind

Name
in
Full

Naami Watkins

CERTIFICATE OF DEATH

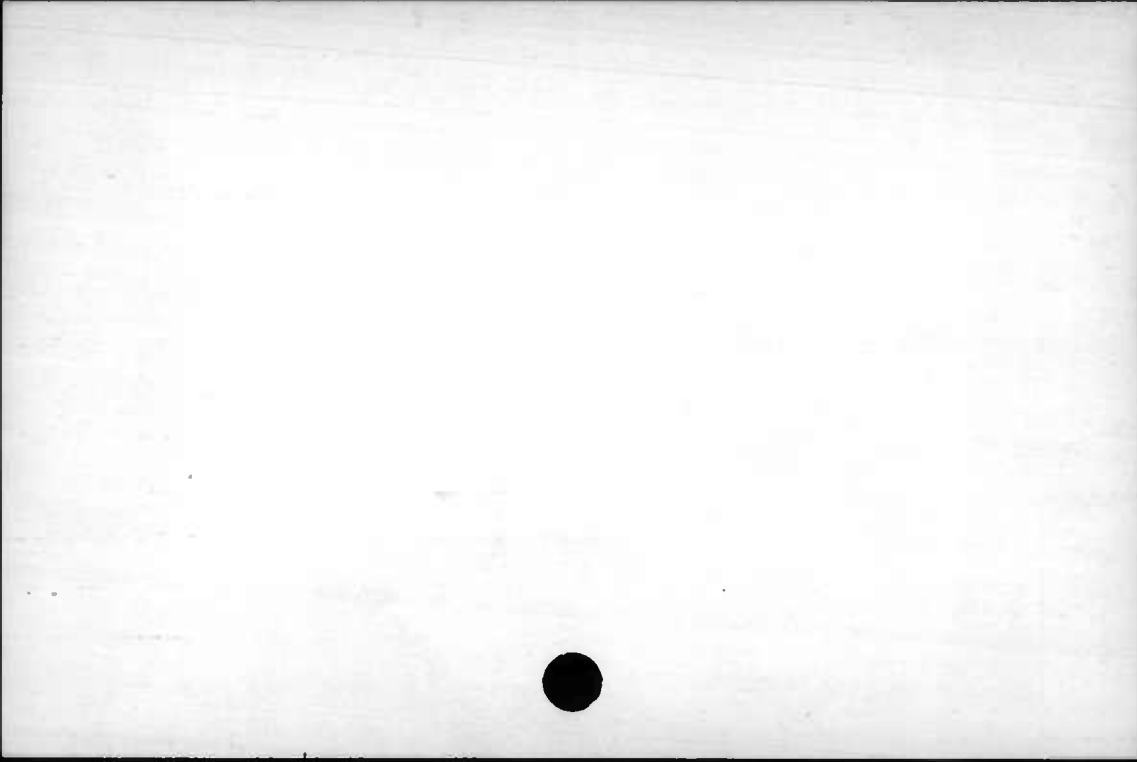
TO BE ANSWERED BY
NEAREST FRIEND

Died at Cotonsville <small>Town</small>		Kalto <small>County</small>		MARYLAND	
Date of death 1905	Month 3	Day 16	Age 1	Years 3	Months 3
Sex Female	Color or Race Colored	Birth-place Cotonsville			
Occupation —		Where Residing if not at place of death —			
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name Charles Watkins		Father's Birthplace Cotonsville			
Mother's Maiden Name Mary Jensen		Mother's Birthplace Harvard Co.			
Name of person giving information Alexander Jensen		How related to deceased Grandfather			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Rheumatism	How long 4 days
Immediate Convulsions	How long —
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician D. M. Stutz M.D.
	Address Cotonsville, Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

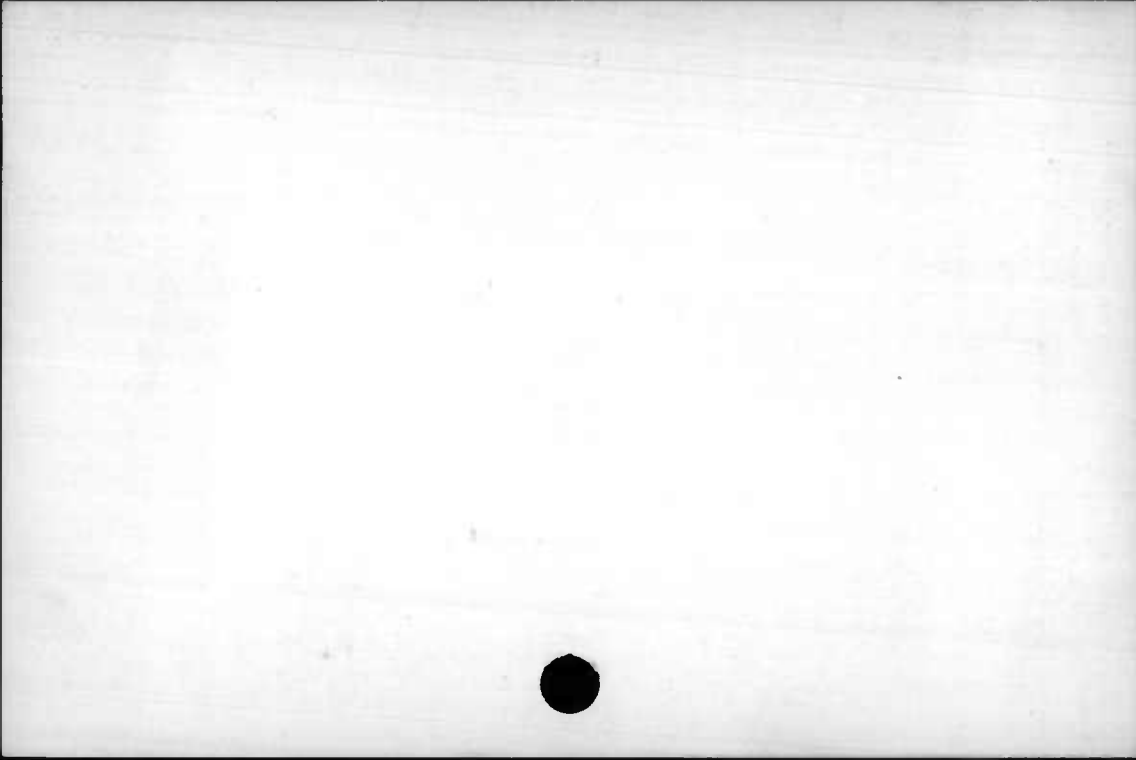
MARYLAND

Died at <i>St. Agnes' Hosp.</i>		Town <i>Balto.</i>		County <i>Balto.</i>	
Date of death <i>1905</i>		Month <i>March</i>		Day <i>27</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>31</i>	
Occupation <i>None</i>		Birth-place <i>Balto.</i>		Months	
Where Residing if not at place of death		Days			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute bacterial Meningitis</i>	How long
Immediate <i>Chauvin</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. P. Mara M.D.</i>
	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Highlandtown* ^{Town} *Baltimore* ^{County}Date of death *1905* ^{Month} *3* ^{Day} *16* ^{Years} *5 days* ^{Months} *5* ^{Days}Sex *Female* Color or Race *White* Birth-place *427. Clarendon St*Occupation _____ Where Residing if not at place of death *died 427. do*

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

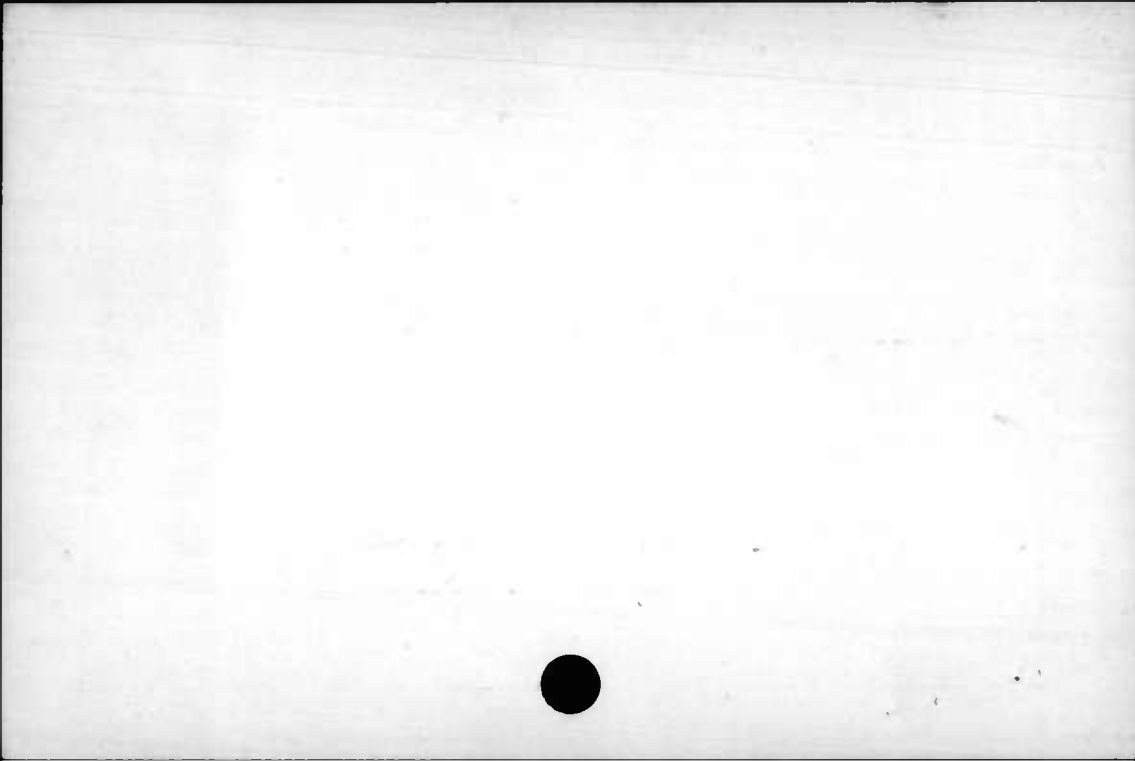
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

J Herwig & Son
~~Mt. Carmel Lem.~~

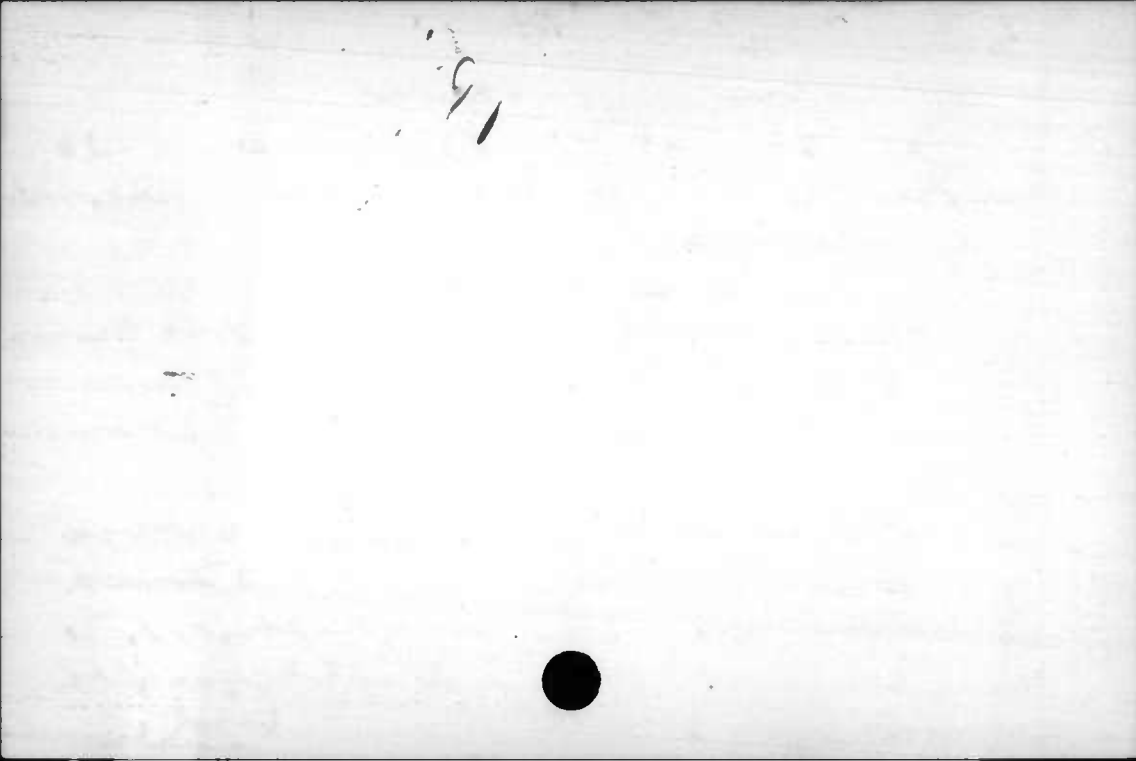
Trinity Lem.

3/17/05-

Name in Full		Georgianna Welch				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hullville		County Balt		MARYLAND
	Date of death	1905	Month March	Day 26	Age 45	Years 4	Months 1
	Sex	female		Color or Race	Black		Birth-place
	Occupation	House keeper		Where Residing if not at place of death		Hullville. Md.	
	Married, Single or Widowed	Single		Name of Wife or Husband		Charles Welch	
	Father's Name	Geo. Ware. M. D.				Father's Birthplace	Maryland
	Mother's Name	Sarah Gross				Mother's Birthplace	Maryland
Name of person giving information		C. W. H. Welch				How related to deceased	Husband
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Cirrhosis of Liver			How long	4 m
	Immediate		Bronchitis			How long	
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician	J. Tyler Smith, M. D.
						Address	719 N. Carrollton Ave Balt. Md
Accident or Suicide?							



Name in Full		West		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Thistle</i> <small>Town</small>		<i>Bath</i> <small>County</small>	
		Date of death <i>1905</i> <small>Month</small> <i>Mar</i> <small>Day</small> <i>2</i>		Age <i>—</i> <small>Years</small> <i>—</i> <small>Months</small> <i>—</i> <small>Days</small> <i>1</i>	
		Sex <i>Male</i>		Color or Race <i>C</i>	
		Occupation <i>—</i>		Birth-place <i>Thistle</i>	
		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William West</i>		Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Jennette Church</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Jennette Church</i>		How related to deceased <i>Va</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Pneumonia</i> <i>2</i>		How long <i>1 day</i>	
		Immediate		How long <i>1 day</i>	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Reynolds</i>	
				Address <i>Medway</i>	
		Accident or Suicide?			



Name
in
Full

Margaret Wilhelm

CERTIFICATE OF DEATH

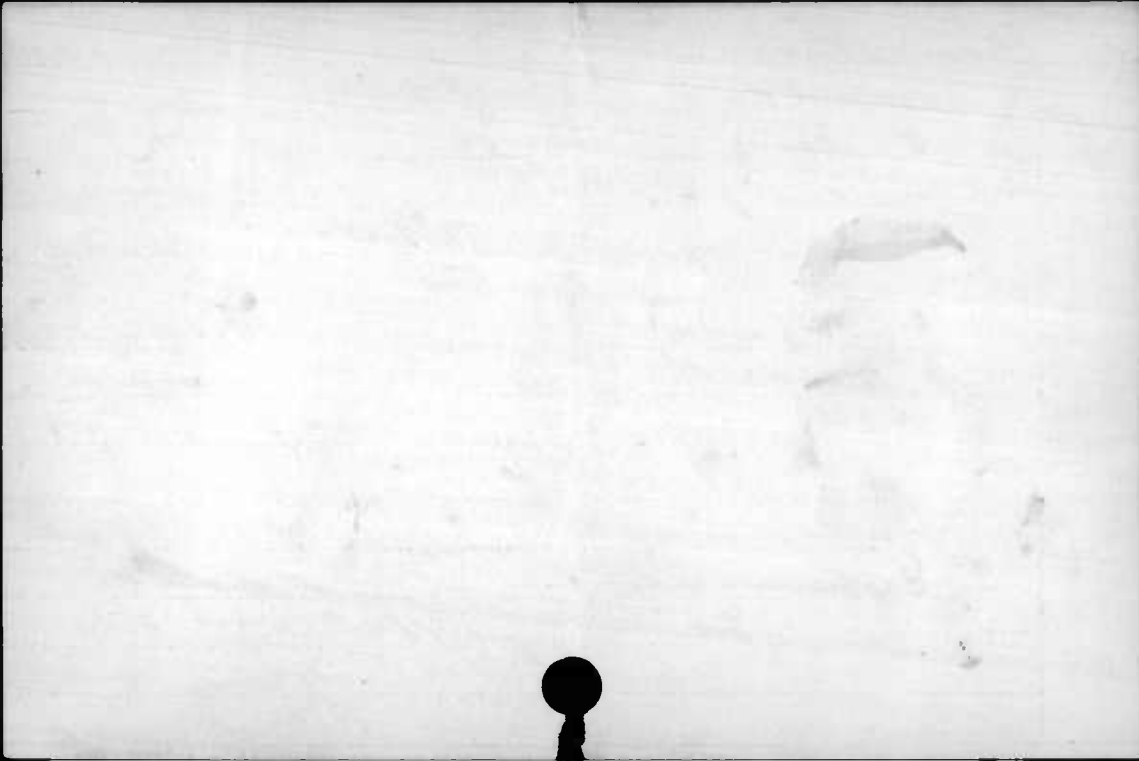
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forreston</i>		Town		<i>Balto</i>		County		MARYLAND	
Date of death 190 <i>5</i>		Month <i>3</i>		Day <i>23</i>		Age <i>83</i>		Months <i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Black Rock, Ind.</i>					
Married, Single or Widowed <i>Married</i>				Occupation <i>Housewife</i>					
Name of Wife or Husband <i>David Wilhelm</i>									
Father's Name <i>Henry Hoover</i>				Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Susan Supp's</i>				Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Peter Wilhelm</i>				How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Heart Failure</i>	How long <i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. R. S. R. M.D.</i>
	Address <i>Blackbysville Ind.</i>
Accident or Suicide?	



Name in Full <i>Mary Thresa Winters.</i>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Howard Park.</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>
	Date of death 190 <i>5</i>	Month <i>Feb</i>	Day <i>21</i>	Age <i>36</i>	Months <i></i> Days <i></i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>	
	Married, Single or Widowed <i>Married</i>		Occupation <i>Wife</i>		
	Name of Wife or Husband <i>Edward Winters</i>				
	Father's Name <i>John Riely</i>		Father's Birthplace <i>Ireland</i>		
	Mother's Maiden Name <i>Elizabeth Riely</i>		Mother's Birthplace <i>America</i>		
	Name of person giving information <i>Elizabeth Riely</i>		How related to deceased <i>Mother</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>		How long <i>1 week</i>		93
	Immediate <i>Exhaustion</i>		How long <i>1 day</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. O. Long</i>		
			Address <i>Annapolis Md.</i>		
	Accident or Suicide?				



Name
in
Full

Philip Wintersstein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highland</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190	<i>5</i> ^{Month}	<i>12</i> ^{Day}	Age <i>29</i> ^{Years}	<i>9</i> ^{Months}	<i>12</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Drum moulder</i>				
Name of Wife or Husband <i>Sophie Wintersstein</i>					
Father's Name <i>Charles Wintersstein</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Dorothea Brauer</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Sophie Wintersstein</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Dis. Heart -</i>	How long <i>1 yr.</i>
Immediate <i>Cardiac Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank Brauer</i>
	Address <i>1712 Bank St -</i>
	<i>Balto. Md -</i>
Accident or Suicide?	

H. Sanders & son
Mt Carmel Country

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wolf, Johannah.</i>		Town <i>Leakinsville</i>		County <i>Balto</i>		MARYLAND	
Died at		Month <i>March</i>		Day <i>10</i>		Age <i>80</i>	
Date of death <i>1905</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband					
Father's Name <i>X</i>				Father's Birthplace <i>X</i>			
Mother's Maiden Name <i>X</i>				Mother's Birthplace <i>X</i>			
Name of person giving information <i>X</i>				How related to deceased <i>X</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>16 yr.</i>
Immediate <i>Asthma</i>	How long <i>1 month.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Percy Wade</i>
	Address <i>Leakinsville, Md.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

CERTIFICATE OF DEATH

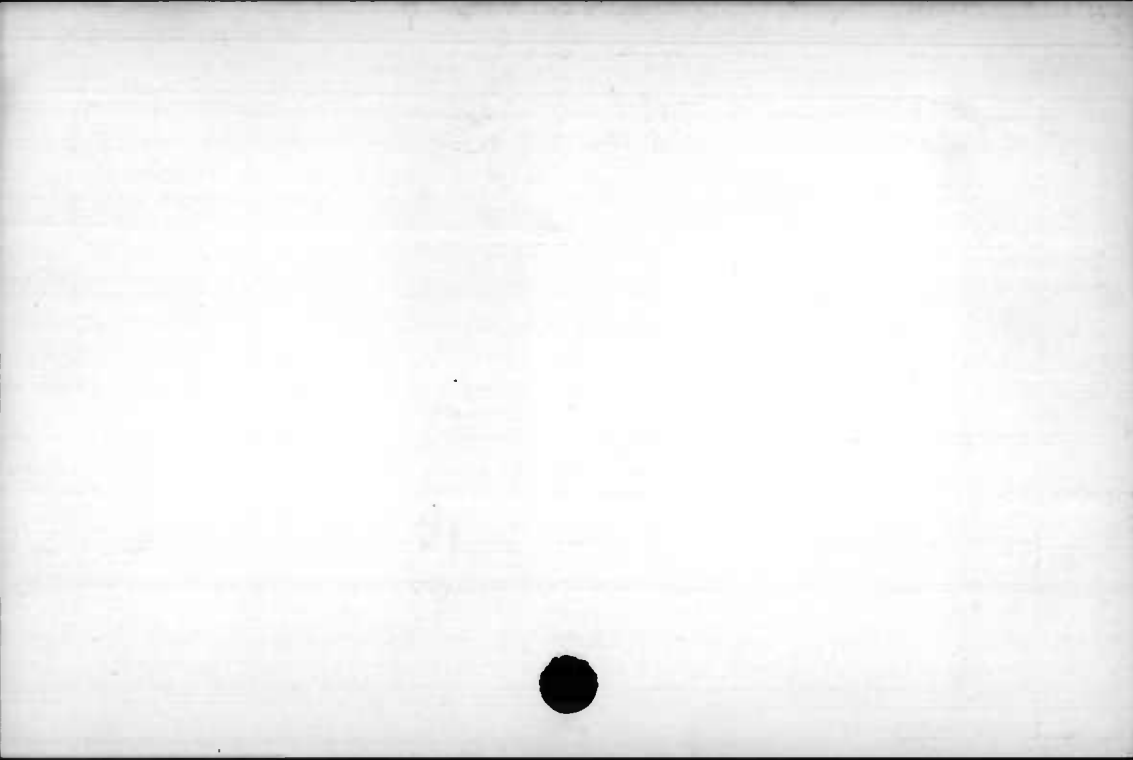
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>St. Henry Woodward</i>		Town <i>St. Agnes' Hospital</i>		County <i>Balto.</i>		MAYLAND	
Died at		Month <i>March</i>		Day <i>15</i>		Years <i>71</i>	
Date of death <i>1905</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Phila.</i>			
Occupation <i>Salesman</i>		Where Residing if not at place of death <i>812 N. Fremont Ave.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage.</i>	How long
Immediate	<i>Cerebral Hemorrhage.</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. P. Mara M.D.</i>
		Address <i>St. Agnes' Hospital</i>
Accident or Suicide?		



Joseph H Wright

Town

County

Died at

Lauraville

Baltimore

MARYLAND

Date 189 **1915** Month **3** Day **25** Y. **66** M. **1** D. **22** Native of **Maryland** Occupation **Retired**
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living **five**

Husband

of

Olivia Jane Wright

Father's

Name

William Emory Wright

Mother's

Name

Margaret Wright

Cause of

Primary

Valvular Disease Heart Sick Months

How long sick

Death

Immediate

Syncope

Accident, Suicide, Homicide

Reported by

Address

Edy Darling
Lauraville

Maryland



Name
in
Full

Wm. Gaeger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i>		Town <i>Canton</i>		County <i>Balto,</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>3</i>	Day <i>24</i>	Age <i>54</i>	Years <i>8</i>	Months <i>15</i>	Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Germany</i>				
Occupation <i>Baker</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Gaeger</i>					
Father's Name <i>George Gaeger</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Mary Gaeger</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>about 2 months</i>
Immediate <i>Pneumonia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Schuessler M.D.</i>
	Address <i>107 E Canton St.</i>
Accident or Suicide? <i>—</i>	

Girkler & Girkler

1739 E. Eagan St.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Francis A. Yeager		Town Sparrows Point		County Baltimore		State MARYLAND	
Died at		Date of death 190		Age		Months	
		5 3		25 11		6 28	
Sex Male		Color or Race White		Birth-place Sparrows Point			
Married, Single or Widowed Single		Occupation Schoolboy					
Name of Wife or Husband 							
Father's Name Charles L. Yeager				Father's Birthplace Maryland			
Mother's Maiden Name Jenny Dick				Mother's Birthplace Maryland			
Name of person giving information Charles L. Yeager				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Trombosis		How long 4 days	
Immediate meningitis		How long 2 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. K. Peltekian M.D.	
		Address Sparrows P.O. Md.	
Accident or Suicide? 			



Name
in
Full

CERTIFICATE OF DEATH

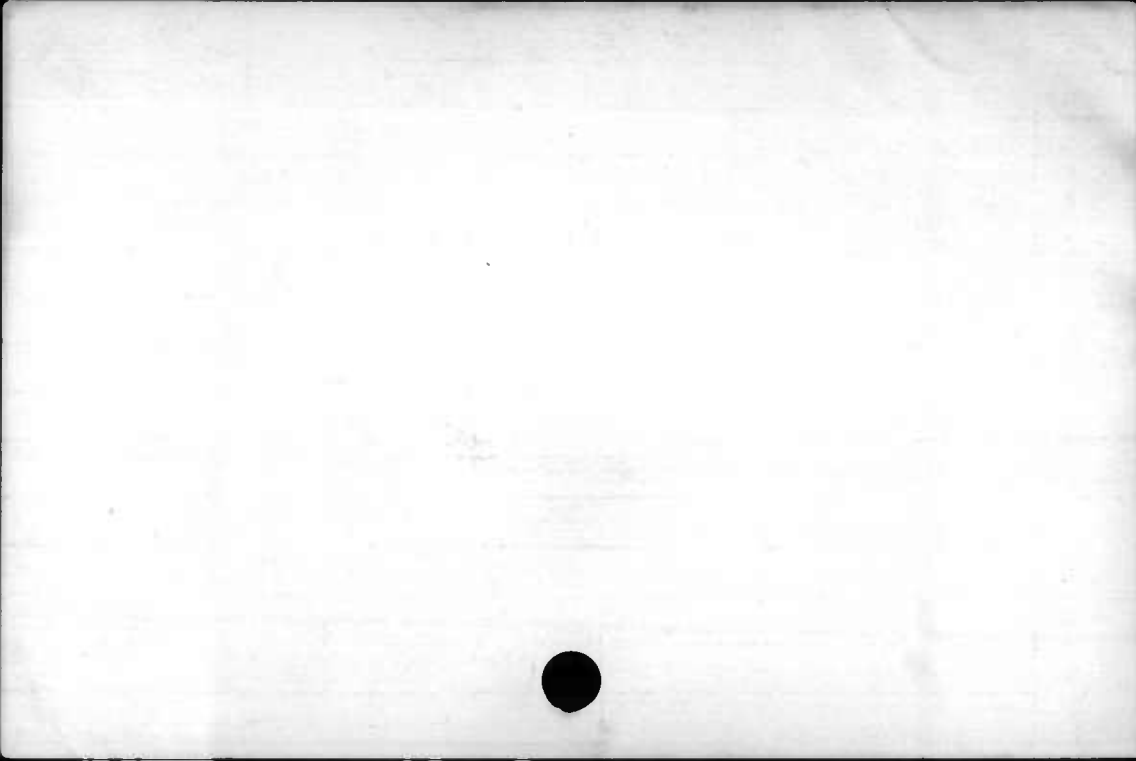
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pikesville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	5	Month 3	Day 31	Age	Years 85	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Md.</i>
Married, Single or Widowed				Occupation <i>Farmer</i>			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				<i>H. H. Mathews</i>		How related to deceased	
						<i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile dementia</i>	How long	<i>about 24</i>
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W. E. M.</i>
		Address	<i>Pikesville Md.</i>
Accident or Suicide?			



Name
in
Full

Harry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		3	18	Age about 43 yrs.			
Sex		Color or Race		Birth-place			
Male		Colored					
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
				64			

CAUSES OF DEATH

came to Institution on Mar. 14 in an

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long	Unconscious con
Immediate		How long	dition and
Are the name, age, sex, color, date and place correctly given above?		remained so.	
		Signature of Physician	
		Dr. Thos. C. Bussey	
		Address	
		Texas	
		Md.	
Accident or Suicide?			

please send summer
at once,

At Ems
Sup-

Name
in
Full

MURKIN white man

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chase</i>		County <i>Balto</i>		MARYLAND	
Date of death	1905	Month <i>Ind</i>	Day <i>22</i>	Age <i>40</i>	Years <i>0</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>—</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>—</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stroke By Brain</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>William J. Gen. Knight</i>
		Address <i>Middle River Md</i>
Accident or Suicide? <i>No</i>		

